Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964948	A. BUILDING: _____ B. WING _____	05/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DR PHILLIPS MC	8015 PIN OAK DR. ORLANDO, FL 32819

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Complaint Investigation #2019002154 was conducted on [redacted]. Brookdale Dr Phillips MCU had a deficiency at the time of survey.	A 000		
A 025 SS=G	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide care and services appropriate to the needs of 1 of 3 sampled residents who developed a [illegible] (#3). Findings During the entrance conference on [illegible], resident #3 was identified as receiving Home Health Care (HHC) for [illegible] care to the [illegible]. Resident #3's health assessment report (1823), dated [illegible], listed diagnoses of [illegible], high [illegible] and [illegible]. Per the 1823, he needed assistance with [illegible], and supervision with bathing, grooming and toileting. He was independent with ambulation, transfers and eating. He had no open areas, no [illegible]. A facility note, dated [illegible], monthly charting, indicated the resident spent most of his time in bed or sitting in the dining room. He ambulated with a walker, forgot at times to use the walker. The note read, "Goes to bathroom in impropriate	A 025		

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A 025	Continued From page 2 places and needs redirecting from staff." A facility note, dated , indicated a referral for skilled nursing home health care for care ( ). Home health notes dated below of the record report as follows; indicated measured 1 centimeters (cm.) by 1 cm. by 0.3 cm. and indicated , measured 1 cm. by 1 cm. by 0.1 cm. indicated , measured 0.5 cm. by 0.5 cm. by 0.2 cm. indicated , healed The resident continued HHC for prevention of re-opening the area. A note dated reflected the skin was intact. HHC saw the resident on , , , , and for assessment and teaching. There was no evidence the facility monitored the resident, who was , , , , and took proactive measures to prevent . The first note made available was dated , when an order was obtained for home health care to provide care. On at 3 PM, the administrator and health wellness coordinator said they had recently taken the positions in the facility and offered no further comment. Class II	A 025		