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
	AL11932514	A. BUILDING: _____ B. WING _____	R 09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BROOKSHIRE	85 BULLDOG BLVD. MELBOURNE, FL 32901

(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 revisit to the re-licensure survey including Extended Congregate Care (ECC) and Limited Nursing Services (LNS) was conducted at The Brookshire Assisted Living Facility on . . . . . . There were deficiencies that remained uncorrected at the time of the visit.	{A 000}		
{A 054} SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known . . . . . the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical . . . . . , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing	{A 054}		

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{A 054}	Continued From page 1 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on the medication observation record (MOR) review and interview, the facility failed to maintain accurate MORs for 2 of 2 sampled residents (#1 and #15). Findings: Review of the MORs for Resident #1 and #15 who both required assistance with the self-administration of their medication revealed there were blank spaces and there was no way to determine whether or not the resident received her medications, some examples are as follows: 1. Resident #1- ACET-10-325 Tablets 1 3 times daily was left blank at 10 AM on ., ./ and , at 2 PM and 10 PM on . and . , 1 milligrams (mg) 1-three times daily was left blank at 8 AM and 4 PM on ; at 10 PM on through . 80 mg -1 at bed time was left blank on at 9 PM DR 30 MG 1 at bed time was left blank on and at 9 PM 160 mg 1 at bedtime was left blank on , and at 9 PM 75 mg-1 daily was left blank at 9 PM on , 5 mg-1 daily; 175 micrograms (mcg) 1- daily; 10 mg 1-daily; 18 mcg inhale 1 inhalation with	{A 054}		

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{A 054}	Continued From page 2 device once daily; . . . . . 325 mg 1 daily; DR 60 mg 1- daily; , . 81 mg 1-daily were all left blank at 9 AM on and . . . . . 15 mcg/HR patch apply 1 patch , . . every week and replace every 7 days was left blank on . . . . at 9 AM 2. Resident #15-Docusatate . . . . 100 mg 1 daily was left blank at 9 PM on , , and . . . . . 100 mcg-1 daily was left blank at 6 AM on . . . and . . . 50 mg 1 twice daily was left blank at 9 PM on . . . and . . . . 3 mg 1 at bed time was left blank at 9 PM on . . , and . . . There were initial with a circle in the spaces for . . . . . 50 mg 1 twice daily and there was no explanation on the of the MOR to indicate why there were staff initials with a circle as follows: at 9 AM on . . . , . . . , . . . through . . ; 9PM on through9/11, and . On at 3 PM, the director of nursing confirmed the findings. Class III	{A 054}		
{A 081} SS=D	58A-5.0191(. .) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice	{A 081}		

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{A 081}	Continued From page 3 orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.	{A 081}		

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{A 081}	Continued From page 4 (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . , neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED	{A 081}		

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{A 081}	Continued From page 5 Based on personnel record reviews and interview, the facility failed to ensure the administrator provided the required pre-service orientation to 1 of 2 sampled staff (A) as required. Findings: Personnel record review for staff A, the director of nursing hired . . . revealed there was no evidence of a statement, signed by the administrator and employee, to indicate she had received a preservice orientation of at least 2 hours on topics that included resident rights and the facility's license type and services offered by the facility. On . . . at 3:50 PM, staff A said she had not received the 2 pre-service orientation. Class III	{A 081}		
{A 090} SS=D	58A-5.0191(11) FAC Training - . . . . . . (11) . . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . . . . . . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 58A-5.0186, F.A.C.	{A 090}		

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{A 090}	Continued From page 6 This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINEDUNCORRECTED Based on personnel record review and interview the facility failed to have evidence that 1 of 4 sampled staff (D) had at least one hour of training in the facility's policies and procedures regarding { 's) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment. Findings: Personnel record review for the administrator hired revealed there an online certificate titled Advance directives orders and POLST, there was no documentation in her record to confirm she had received a one-hour training in the facility's policies and procedures that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment. On at 4 PM, the human resource coordinator confirmed the findings. Class III	{A 090}		