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
	AL11910533	A. BUILDING: _____ B. WING _____	02/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PHILLIPPI CREEK	5501 SWIFT ROAD SARASOTA, FL 34231

(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 An unannounced complaint survey for #2019019705, #2019019726, and #202000413 was conducted through at Brookdale Phillipi Creek, an assisted living facility in Sarasota, Florida. Complaint #2019019705 was substantiated at Z814. Complaint #2019019726 was substantiated at Z814. Complaint #20200000413 was substantiated at Z814. The following is description of the deficiencies found at the time of the visit.	A 000		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, record review, staff interview, and family interview, the facility failed to offer toileting and . . . . . care as needed in the memory care unit for 13 residents (Residents #1, #2, #3, #4, #6, #7, #8, #11, #12, #13, #14, and #16) out of 16 residents reviewed. The findings included: On at 9:24 a.m., took a tour of the	A 028		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 028	Continued From page 1 memory care unit and observed 13 residents (Residents #1, #2, #3, #4, #6, #7, #8, #11, #12, #13, #14, and #16) who were in the dining room for breakfast. After breakfast they were taken to the unit's living room for a singing activity. Residents were observed from 9:43 a.m. until 11:45 a.m. when they were taken to the dining room for lunch. During the time of observation, residents were not assisted with toileting or checked and changed if needed for . On at 10:45 a.m., in an interview Resident #16's wife said the issues in the unit were cleanliness, she said it always smells like . She said she comes and visits and her husband's Depends are so wet, it is heavy. She said they do not give him things to drink between meals and at meals he has to ask for something to drink. She said she does not feel that there is any , but she said they do not change him or check on him very often. On at 12:47 p.m., an observation of 13 residents (Residents #1, #2, #3, #4, #6, #7, #8, #11, #12, #13, #14, and #16) who were in the dining room for lunch, then brought to the unit's living room for another singing activity. Residents were observed from 12:47 p.m. until 2:05 p.m. During that time the residents were not assisted with toileting or checked and changed as need for . On at 11:30 a.m., day shift caregivers acknowledged that resident's should be toileted or checked and changed for several times during their shift. On at 1:00 p.m., Resident #12 was observed to be wet and had a bad odor about her. She was sitting in the living room in her	A 028		

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A 028	Continued From page 2 wheelchair, placed there after lunch. Record review of Residents #7 and #8 Health Assessment (1823) revealed they required assistance or total care with toileting per their health care provider order. On at 3:35 p.m., during an interview with the 2 p.m. caregivers watching the residents in the units living room said the residents should be toileted and changed prior to their shift, then they should be toileted before meals and at bedtime. On at 3:55 p.m., the Wellness Director acknowledged that residents in the memory care unit should be toileted or checked and changed several times a shift such as before meals or after meals or when wet. Class III	A 028		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the , are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse.	CZ814		

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CZ814	Continued From page 3 Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic , submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on a review of the personnel files and staff interview, the facility failed to update the employment status of 6 (Staff A, B, C, D and E) of 6 sampled staff on the Agency's Background Screening Clearinghouse within 10 days of hire. The findings included: 1. Staff A is a Medication Technician (Med Tech) with a date of hire of . She was not added to the clearinghouse until , 26 months after hire. 2. Staff B is a Med Tech with a date of hire of . She was not added to the clearinghouse until , 59 days after hire. 3. Staff C is a Caregiver with a date of hire of . She was not added to the clearinghouse until , 32 days after hire. 4. Staff D is a Med Tech with a date of hire of . She was not added to the clearinghouse until , 31 days after hire.	CZ814		

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CZ814	Continued From page 4 5. Staff E is a Caregiver with a date of hire of . . . . . She was not added to the clearinghouse until , 4 months after hire. 6. Former Staff F is a Caregiver with a hire date of . . . . and a termination date of . . . . . As of , Staff F was never entered in the clearinghouse. 7. On . . . . at 1:55 p.m., the Executive Director (ED) said the Business Office Manager is responsible to ensure all employees are entered in the clearinghouse within 10 days of hire. He said he was not aware she was not complying with her duties. Unclassified	CZ814		

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