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 _____	R 02/27/2020

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

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{A 000}	Initial Comments An unannounced revisit survey was conducted on [redacted] through [redacted] at Brookdale Phillippi Creek, an assisted living facility in Sarasota, Florida. This was a follow-up to complaint survey #2019014355 completed on [redacted]. The following is description of the deficiencies found at the time of the visit.	{A 000}		
{A 010}	429.26(&9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (2) A physician, physician assistant, or nurse	{A 010}		

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{A 010}	Continued From page 1 practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a	{A 010}		

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{A 010}	Continued From page 2	{A 010}		

plan of care issued by a health care provider,
2. The condition is documented in the resident's record; and,
3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility.
(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;
2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;
3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,
4. Documentation of the requirements of this paragraph is maintained in the resident's file.
(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.
(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.
(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their

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{A 010}	Continued From page 3 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that as part of continued residency criteria, a resident has a to medical examination by a health care provider after a significant change for 2 (Resident #7 and #8) of 3 residents reviewed receiving hospice services. The findings included: 1. Record review of Resident #7's chart revealed the resident was admitted to hospice services for change of condition on . A new resident health assessment (1823) was not done until , indicating the health care provider did not do a . . . to . . . assessment until several weeks after the hospice admission. 2. Record review of Resident #8's chart revealed the resident was admitted to hospice services on for change in condition. A new resident health assessment (1823) was not done until indicating the health care provider did not do a . . . to . . . assessment of the resident for 6 months after the change in condition. 3. On at 3:00 p.m., in an interview the Health and Wellness Director said she agreed the 2 resident's health assessments (1823) were done late and after the admission to hospice services and the change in condition. Class III	{A 010}		

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{A 055}	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all	{A 055}		

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{A 055}	Continued From page 5 times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and	{A 055}		

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{A 055}	Continued From page 6 the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to remove and properly dispose of expired medications in 1 (memory care cart) of 2 carts reviewed. The findings included: Observation on . . . . at 11:30 a.m., of the medication cart in the memory care unit with Licensed Practical Nurse (LPN) Staff G revealed the following: Sixteen individual syringes of , 0.5 milligram pertaining to Resident #19 had an expiration date of . The medication was clearly labeled "Do not use after ." LPN Staff G verified the , was expired. She said Resident #19 received the last dose of the medication on . An opened bottle of tablets pertaining to Resident #10 had an expiration date of . . . LPN Staff G verified the medication was expired. An opened bottle of 600 milligrams with . . D3 pertaining to Resident #20 had an expiration date of . LPN Staff G verified the medication was expired. She said Resident #20 takes with . D by daily.	{A 055}		

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{A 055}	Continued From page 7 LPN Staff G said Resident #20 received the last dose on . An opened bottle of lubricant , , pertaining to Resident #7 had an expiration date of . . . . . LPN Staff G said Resident #7 received the , . . . , . this morning. She verified the . , ... , . are expired . . An opened bottle of Lotemax 0.5% , , . pertaining to Resident #14 had a label specifying to "discard after 60 days". The bottle was not labeled with the date opened, making it impossible to determine when it should be discarded. LPN Staff G said the computer system did not list the last time the resident used the medication. On . . . . at 2:35 p.m., during an interview the Health and Wellness Director said on a pharmacy representative conducted an audit of all the medication carts. She said she didn't know why the expired medications were not found. Class III	{A 055}		
{A 152}	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents	{A 152}		

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{A 152}	Continued From page 8 must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [illegible] This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a safe living environment, maintained free of hazards. The findings included: On at 9:36 a.m., tour of the activity room just opposite the living room on the memory care unit, noted 3 different cabinets open and the contents available for any resident. A large upright cabinet contained a large amount of arts	{A 152}		

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{A 152}	Continued From page 9 and craft supplies that included hair spray and polish remover. These items were readily available for any resident who opened the door. Also, in another cabinet across the room under the sink was a spray bottle with cleaning solution, and another cabinet had a large bottle of laundry detergent. The cabinets were continued open even thought they all clearly had locks available on them to be locked. On at 9:50 a.m., in an interview with unit program coordinator, she said the cabinets in the activities room are always supposed to be locked and that is why they have locks on them. She was shown one of the cabinets that had the laundry detergent it in which was still open as well as the cabinet with the cleaning solution in the spray bottle and she removed them immediately. On in an interview with the Health and Wellness Director, she agreed the cabinets in the activity room should always be locked. Class III	{A 152}		