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 03/25/2021

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 revisit survey was conducted through at Brookdale Phillippi Creek, an assisted living facility in Sarasota, Florida. This was a follow-up to the complaint survey completed on . The following is description of the deficiencies found at the time of the visit.	{A 000}		
{A 025}	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . 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 must notify the resident ' s representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents	{A 025}		

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{A 025}	Continued From page 1 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 59A-36.012, 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 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 staff interview, record review, and facility policy, the facility failed to provide supervision to prevent by failing to evaluate the potential for and failing to ensure appropriate interventions were in place to prevent for three residents (Resident #7, Resident #8, and Resident #9) of 3 residents surveyed for . The lack of ensuring appropriate interventions to prevent had a potential to	{A 025}		

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{A 025}	Continued From page 2	{A 025}		

contribute to Resident #7 falling and fracturing her , / and caused her to be admitted to the hospital and transferred from the hospital to a rehabilitation facility, Resident #8 falling and fracturing her , requiring surgery causing her to be admitted to the hospital and transferred from the hospital to a rehabilitation center and Resident #9 falling and being admitted to the hospital for observation after a and severe ( ) of lower extremities.

The findings included:

The facility's " Management Policy" effective and last revised in 2018 showed the facility had put universal interventions for all residents. The policy reads, "A risk evaluation is completed at the time of move in/admission ... Residents who sustain a should have a post evaluation completed to consider-possible interventions to reduce the potential for future and injury.....when a occurs service plan is reviewed for potential interventions and updated as necessary".

The facilities Prevention and Management - 32 Clinical Guidelines Issued , and revised , and indicated in addition to the Universal Precautions applied to all facility residents and additional interventions should be considered for residents who score at a Level 2 or a Level 3.

The facilities Risk Evaluation form indicates a resident with a without injury in the last twelve months is a Level 2 Risk and a resident with vision would be considered a Level 3 Risk.

1. Review of the facilities incident log on

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{A 025}	Continued From page 3 revealed Resident #7 had a on resulting in admission to the hospital with a left Progress note in Resident #7's chart dated read: shift report from last night resident suffered a at 10:06 p.m. and was sent to the emergency room (ER). Follow-up progress note on indicated the resident was admitted to the hospital with displaced , of the . Progress note dated read: resident is in rehabilitation (rehab). Resident remained at rehab at time of survey. Further review of Resident #7's chart revealed she had 5 times in the past 12 months. Progress notes revealed a on in which she was sent to the hospital for evaluation, a without visual injury on , a without visual injury on , a with no apparent injury on and a with no visible injury on . Record review on showed Resident #7 had been admitted to the facility in 2014. Resident #7's initial Resident Health Assessment Form 1823 (1823) dated indicated Resident #7 had a diagnosis of debility and was legally . Diagnosis listed on facilities computer charting system included unspecified On the Health & Wellness director (HWD) provided Resident #7's admission Risk Assessment which was dated . The section under Level 2 Risks had been completed with answers indicating she met criteria for a Level 2 risk. The section under Level 3 Risks which asks if resident had any vision had been left uncompleted. The form indicated Resident #7 was a Level 2 risk.	{A 025}		

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{A 025}	Continued From page 4 Review of Resident #7's Personal Service Plan (PSP) showed that it had been updated on (6 days after). The PSP indicated Resident #7 used a walker as a mobility aid. The service plan did not show the resident had in the last 12 months. The service plan listed the facilities universal precautions for all facility residents. A Post . Evaluation had been started for the on but had never been fully completed. There were no post . evaluations for any of the other . On at 1:54 p.m., the HWD said she is the one who updates the PSP's. She admitted she must have missed the multiple Resident #7 had and agreed there were no . interventions assessed other than the facility universal precautions. Review of the facility's incident log on . . . . revealed Resident #8 had a on resulting in admission to the hospital with a , and subsequent transfer to a rehabilitation facility. 2. Progress note in Resident #8's chart dated indicated the resident was found seated on the floor at bedside in front of her wheelchair and was sent to the hospital for evaluation. Follow up progress note on . . . . indicated received report from hospital, resident has a , and will have surgery. Progress note on . . . . indicated resident had been discharged from the hospital to a rehab. She remained at rehab at time of survey. Further review of Resident #8's chart revealed she had two more times in the past 12 months. Progress note dated	{A 025}		

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{A 025}	Continued From page 5 indicated Resident #8 had been found on the floor in her room and no injuries were observed. Progress note dated ..... indicated resident reported she had ... in her apartment and got herself up. Note said there were no visible injuries. Resident #8's 1823 dated ... indicated she had a diagnosis of ... & collapse and a history of falling. ... Risk Evaluation form indicated Resident #8 was a Level 2 ... Risk. Resident #8's PSP had been updated and indicated Resident #8 was at ... risk for falling, had ... in the last twelve months and has ... without apparent harm/injury and was a Severity Code 1. The PSP listed the facility's universal ... precautions for all facility residents. A Post ... Evaluation had been started for the ... on ..... but had never been fully completed. There were no post ... evaluations for any of the other ... . On ..... at 1:54 p.m., the HWD agreed there were no ... interventions assessed other than the facility universal ... precautions. 3. Review of the facility's incident log on ..... revealed Resident #9 had a ... on ... resulting in an admission to the hospital with severe ... to both ... . Progress note in Resident #9's chart dated ... indicated resident sustained a ... and was taken to the hospital ER. No further notes were in chart until ..... which read: Spoke to son, Resident #9 was admitted to the hospital for observation after the ... No acute ..... Resident #9 was under observation due to severe ... of	{A 025}		

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{A 025}	Continued From page 6 both lower . . . Resident #9 returned to facility on . Further review of Resident #9's progress notes revealed a progress note dated indicated he was found on the floor and an . . . . was found to his left . . . . Resident #9's 1823 dated . . indicated the resident had a diagnosis of . . . , abnormal gait, poor endurance and was a . risk. Resident #9's Risk Evaluation form indicated Resident #9 was a Level 3 . Risk. Resident #9's PSP dated indicated he used a walker and manual wheelchair as a mobility aid. The PSP listed the facilities universal . precautions for all facility residents. A Post . Evaluation form was found in the chart for the on , however it was completely blank. There was no post . evaluation for the in . . On at 1:54 p.m., the HWD agreed there were no . interventions assessed other than the facility universal precautions. 4. On at 12:17 p.m., Medication Technician (med tech) Staff H said if a resident was a risk there should be a sign in their room on the wall and sometimes it was in the book. Staff H said she did not know where she would find out what the interventions were for risk, that they just keep an on them and check on them every 2 hours or so to make sure they hadn't . Staff H said she doesn't know if there were different levels of risk. She said they just tell them to watch such & such, they are a risk. She said they are just told verbally and there should be a 'call, don't poster' inside their room.	{A 025}		

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{A 025}	Continued From page 7 On . . . . . at 12:24 p.m., Licensed Practical Nurse (LPN) Staff E said the only way she knows someone is a . risk is if she goes over the 1823. Staff E said she did not think she had ever seen anything documented where you could find that a resident is a risk or what the interventions were. On . . . . . at 12:30 p.m., Med Tech Staff G said she knew if a resident was a risk if they tried to transfer themselves, if they were in a wheelchair, they were a risk, or if they don't use wheelchair or walker properly. Staff G said they would know they were a risk if they try to transfer themselves, if they are one of the weaker ones or going through , , , , , she felt they would be a . risk in her opinion. Staff G said she was not aware of anywhere to look up to see if a person is a documented . risk. Staff G said when a new resident comes in, the nurses will verbally let us know if the person is a . risk. Staff G said she was not aware of different levels of . risk. 5. On . . . . . at 12:00 p.m., the above findings were discussed with the District Director of Clinical Services. She said she gets reports on , but it was not individualized. She agreed the interventions listed for Residents #7, #8, and #9 were generic universal interventions and not interventions specific to an individual or their . history. She agreed there was a definite disconnect between events, charting & staff knowledge. Class II	{A 025}		
{A 165}	429.23(&) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report	{A 165}		

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{A 165}	Continued From page 8 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. [illegible]; 2. [illegible] or [illegible] damage; 3. Permanent [illegible]; 4. [illegible] or [illegible] of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency ' s online portal, or if	{A 165}		

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{A 165}	Continued From page 9	{A 165}		

the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident.
(4) Licensed facilities shall provide within 15 days, through the agency ' s online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident.

(6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415.
(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a

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{A 165}	Continued From page 10 licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. 59A-36.016 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to report within 1 business day after the occurrence of an adverse incident, a preliminary report and provide within 15 days a full report including investigation of the incident to the Agency for Healthcare Administration (AHCA) for 3 residents (Resident #7, #8, and #9) of 3 residents surveyed for . . with injury and transfer to more acute care. The findings included:	{A 165}		

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{A 165}	Continued From page 11 Review of the facilities incident log on , revealed Resident #7 had a on resulting in admission to the hospital with a left . A progress note in Resident #7's chart dated read: shift report from last night resident suffered a at 10:06 p.m. and was sent to the emergency room (ER). Follow up progress note on indicated the resident was admitted to the hospital with displaced , , of the . A progress note dated read: resident is in rehabilitation (rehab). Review of the facility's incident log on , revealed Resident #8 had a on resulting in admission to the hospital with a , and subsequent transfer to a rehabilitation facility. A progress note in Resident #8's chart dated , indicated resident was found seated on the floor at bedside in front of her wheelchair and was sent to the hospital for evaluation. A follow up progress note on indicated a report had been received from the hospital, and the resident had a , and will have surgery. A progress note on indicated Resident #8 had been discharged from the hospital to a rehab. She remained at the rehab at time of survey. Review of the facility's incident log on revealed Resident #9 had a on resulting in an admission to the hospital with severe to both . A progress note in Resident #9's chart dated , indicated Resident #9 sustained a and was taken to the hospital ER. No further notes	{A 165}		

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{A 165}	Continued From page 12 were in chart until . . . . which read: Spoke to son, Resident is admitted to hospital for observation after . . No acute . . . . . Resident under observation due to severe of both lower . . . Resident returned to facility on . On at 12:10 p.m., the Health & Wellness Director provided the Adverse Incident Reports for Residents #7, #8, and #9. All 3 had been created and submitted to AHCA on . . . . . the day of survey. The HWD said it was an error on her part they had not been submitted. Class III	{A 165}		