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
	AL11965614	A. BUILDING: _____ B. WING _____	02/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF BRANDON	859 W LUMSDEN ROAD BRANDON, FL 33511

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] 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. 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 [illegible] 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; [illegible]; 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 record review and interview, the facility failed to ensure that staff, was properly screened and registered with the clearinghouse within 10 business days of employment for 1 (Director of Wellness) of 4 sampled staff. Findings Included:	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 During employee record review conducted on . . . . . Director of Wellness who has a hire date of was not observed on the facilities clearing house. During an interview conducted on . . . . . at 11:25am with the Director of Wellness, she stated she did not see herself on the Background screening clearing house employee roster. Unclassified	CZ814		

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A 000	Initial Comments A complaint (complaint number 2021015658) in conjunction with a generator monitoring survey was conducted at Hawthorne Inn at Brandon on . . . . . Deficiencies were identified at the time of survey.	A 000		
A 054 SS=D	59A-36.008(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 physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to update Medication Observation Records (MORs) immediately each time medications were offered to six Residents (#2, #3, #4, #5. #6, and #7) of six sampled residents. Findings Included: A review of Resident #2's MORs, conducted on [redacted], revealed that Resident 2's MORs had medications not documented as given to the resident for the resident's prescribed [redacted] 125mcg was not documented as given on [redacted] and [redacted] at 06:00am. A review of Resident #3's MORs, conducted on [redacted], revealed that Resident 3's MORs had medications not documented as given to the resident for the resident's prescribed [redacted] 300mg was documented as given on [redacted] at 07:00am. A review of Resident #4's MORs, conducted on [redacted], revealed that Resident 4's MORs had medications not documented as given to the resident for the resident's prescribed [redacted] 10mg was not documented as given on [redacted] at 09:00pm and [redacted] 20mg on [redacted] at 06:00am. A review of Resident #5's MORs, conducted on [redacted], revealed that Resident 5's MORs had medications not documented as given to the resident for the resident's prescribed [redacted] 40mg was not documented as given on [redacted] at 08:00pm.	A 054		

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A 054	Continued From page 2 A review of Resident #6's MORs, conducted on , revealed that Resident 6's MORs had medications not documented as given to the resident for the resident's prescribed 20mg, ... 10mg, and , . . 0.5mg were not documented as given on at 09:00pm. A review of Resident #7's MORs, conducted on , revealed that Resident 7's MORs had medications not documented as given to the resident for the resident's prescribed Requip 1mg and . . . . . 20mg were not documented as given on at 09:00am. During an interview with the Director of Wellness, conducted on . . . . . at 11:40am, the Director of Wellness reviewed Residents #2, #3, #4, #5, #6, and #7's MORs and agreed that the residents had medications that were not documented as given to the residents. Class III	A 054		
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include:	A 160		

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A 160	Continued From page 3 (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with [illegible]'s [illegible] or related [illegible], a copy of all such facility	A 160		

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A 160	Continued From page 4 advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain required records to be readily	A 160		

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A 160	Continued From page 5 availble at the licensee's physical address for 2 (Administrator and Wellness Director) of 4 sampled staff . Findings Included: An attempted employee record review for the Administrator and Director of Wellness was conducted on at 9:45am. There was no record provided. During an interview conducted on . . . . . at 10:09am with the Director of Wellness she stated the Administrators, and my employee files are in the Lakeland facility, they are not here. We do not have HR in this building, so HR from the Lakeland facility came out to do our trainings. During an interview conducted on at 11:50am with Human Resources, she stated, she has been taking the files to the Lakeland facility, to work on them and they are being keeping them there. Class III	A 160		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of	A 162		

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A 162	Continued From page 6 other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, ... , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the	A 162		

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A 162	Continued From page 7 facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited	A 162		

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A 162	Continued From page 8 nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain resident records for hospice residents with the required interdisciplinary care plan (.), an authorization by a health care provider for hospice services, a consent form agreeing to hospice services, and new -to- health assessments with all required data documented on the Agency for Health Care Administration Form 1823 (1823), when residents	A 162		

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A 162	Continued From page 9 had significant declines in condition, necessitating their admissions to hospice services for two Residents (#1 and #2) of two sampled residents admitted to hospice services. Findings Included: A record review for Resident #1, conducted on . . . . . , revealed that Resident #1 was admitted to the facility on and was admitted to hospice services prior to admission on . Resident #1's record did not include a consent form that the resident agreed to hospice services. Resident #1's record did not include an authorization to admit the resident to hospice services from her health care provider. Resident #1's most recent 1823 was not dated and did not specify the required nursing services of hospice on page one or the type of assistance that she required for medication administration. The in Resident #1's record was blank and there was no that described the care and services provided by hospice and those provided by the facility. A record review for Resident #2, conducted on . . . . . , revealed that Resident #2 was admitted to the facility on and had a decline in condition necessitating his admission to hospice services on an unknown date. Resident #2's record did not include a consent form that the resident agreed to hospice services. Resident #2's record did not include an authorization to admit to hospice services from her health care provider. Resident #2's record did not include an that described the care and services provided by hospice and those provided by the facility. Resident #2's most recent 1823 dated did not specify the required nursing services of hospice on page one and did not	A 162		

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A 162	Continued From page 10 include the Examiner's telephone or address as required. During an interview with the Director of Wellness, conducted on . . . . . at 11:40am, the Director of Wellness agreed that Resident #1 and #2's records did not include a consent form agreeing to hospice services or an authorization from their health care providers to admit them to hospice services. The Director of Wellness agreed that Resident #1 and #2's 1823s were incomplete and that the residents did not have an . that described the care and services provided by hospice and those provided by the facility. Class III	A 162		