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 06/15/2022

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 Complaint Investigations #2021016110 and #2022000231 was conducted from [redacted] and [redacted]. The Brookshire had a repeat deficiency and a new deficiency at the time of the survey.	{A 000}		
{A 025} SS=G	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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents 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	{A 025}		

AHCA Form 3020-0001

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

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{A 025}	Continued From page 1 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 record review and interviews, the facility failed to provide care and services for 1 of 5 sampled residents (#8) by not following physician orders. Findings: A review of the 1823 Health assessment dates for resident #8, revealed diagnoses of hematuria, , , of the , and . The 1823 revealed the resident needed assistance with self-administration of medication.	{A 025}		

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{A 025}	Continued From page 2 Review of the physician's order, dated , revealed monitoring before meals and at bedtime with coverage based on levels and contact the physician if is above 400 or below 60. A review of physician's order on Medication Observation Record (MOR) revealed monitoring twice daily at 6:30 AM and 4:30 PM. There was no corresponding physician's order in record. Review of MOR did not reveal any documentation of or coverage for through . The MOR also did not indicate parameters for . Review of the and Record, a form kept in the MOR, indicated twice daily monitoring at 9 AM and 9 PM. There was no documentation on the form for 9 AM results on , 2, 3, 4, 5, 6, 7, 9, 10, 11 or 12, 2022. Refused was documented for 9 AM on and 15, 2022. On , a of 371 was documented. The 9 PM results were documented as refused for , 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and 14, 2022. , at 9 PM had a level documented as 445 with the resident's refusal of documented. There was no documentation of physician notification in the resident's record. Review of The MOR for , through , revealed no documentation of 9 AM with coverage on ,7,9,18,19,27,28 or 29. The MOR only had documentation for 9 PM with coverage on	{A 025}		

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{A 025}	Continued From page 3 , and 7, 2022. Review of the and Record, a form kept in the MOR, indicated twice daily monitoring at 9 AM and 9 PM. There was no documentation on the form for 9 AM results on , 27, 28, and 29. 2022. Refused was documented for , and 11, 2022. Documentation indicated levels above 400 on , 7, 12, 16, 17, 18, 23, 24, 25 and 31, 2022. There was no documentation in resident's record of physician notification. Photo evidence was obtained. On at 2 PM, the Director of Nursing (DON) confirmed the physician's order for monitoring with dated was the only physician's order in resident #8's record for monitoring and . The DON also confirmed the lack of documentation on the MOR, and that there was no documentation of notification of physician when levels were above 400 in resident #8's record. Class II	{A 025}		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in	A 058		

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A 058	Continued From page 4 addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the	A 058		

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A 058	Continued From page 5 corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on review of the facility's prior deficiencies, record reviews, and interviews, the facility had an uncorrected Class II deficiency regarding [redacted] monitoring and [redacted] administration and is therefore, required to employ the consultant services of a Licensed Pharmacist or a Licensed Registered Nurse. Findings: Review of the results of Complaint Investigations #2021016110 and #2022000231, conducted on [redacted], revealed the facility had a deficiency for failing to notify a health care provider, as ordered, when resident #2's [redacted] was greater than 400, and for failing to check resident #2's [redacted] with [redacted] coverage, as frequently as was ordered. A revisit to that survey, conducted on [redacted] and [redacted], resulted in a deficiency for failing to notify a health care provider, as ordered, when resident #8's [redacted] was greated than 400, and for failing to check resident #8's [redacted]	A 058		

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A 058	Continued From page 6 [illegible] with [illegible] coverage, as frequently as was ordered. Class III	A 058		