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 _____	06/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BROOKSHIRE	85 BULLDOG BLVD. MELBOURNE, FL 32901

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A 000	Initial Comments Complaint investigations #20220005885, 2022002729, 2022003327, 2022004551, 2022004933, & 205943 and a generator monitoring were conducted at The Brookshire on & . The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26(.) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the	A 008		

AHCA Form 3020-0001

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

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A 008	Continued From page 1	A 008		

facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

(6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or

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A 008	Continued From page 2 her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff,	A 008		

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A 008	Continued From page 3 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded	A 008		

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A 008	Continued From page 4 on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure an 1823 health assessment form contained all of the required information for 1 of 6 sampled residents (#3). Findings:	A 008		

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A 008	Continued From page 5 Review of resident #3's record revealed a facility admission date of . The record contained an undated 1823 that was missing the examiner's printed name, license number, telephone number and address and the question on the form regarding how much assistance the resident required with medications was not answered. Continued review of the resident's record revealed it did not contain documentation that indicated the facility contacted the health care provider to obtain the omitted information. On .. .. at 9:55 a.m., the facility's regional nurse confirmed the findings and was unable to provide additional documentation. Class III	A 008		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (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 must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, 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. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility:	A 010		

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A 010	Continued From page 6 (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is	A 010		

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A 010	Continued From page 7 bedridden for no more than 14 consecutive days. (2) 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. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 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 practitioner 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 the practitioner's form or 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	A 010		

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A 010	Continued From page 8	A 010		

than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.
(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 plan of care issued by a health care practitioner,
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 practitioner, 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 an 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

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A 010	Continued From page 9 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 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 reviews and interview, the facility failed to, as part of the continued residency criteria, ensure 1 of 6 sampled residents had a . . . -to- . . . medical examination by a health care practitioner at least every 3 years (#9). Findings: Review of resident #9's record revealed a facility admission date of . . . . . The most recent 1823 found in the resident's record was dated and the record did not contain documentation to indicate the resident had a . . . -to- . . . medical examination by a health practitioner at least every 3 years thereafter. On at 9:55 a.m., the regional nurse confirmed the findings and was unable to provide additional documentation. Class III	A 010		
A 054 SS=D	59A-36.008(5) FAC Medication - Records	A 054		

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A 054	Continued From page 10 (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 [illegible] 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 [illegible], 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 medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a Medication Observation Record (MOR) for 2 of 6 sampled residents were complete and did not contain omissions (#8 & #9).	A 054		

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A 054	Continued From page 11 Findings: 1. Review of resident #9's record revealed a facility admission date of . An 1823, dated , indicated the resident's diagnoses included , Organic , and that the resident required assistance with self-administration of medications. Review of resident #9's MOR revealed omissions in which his medications were not signed as given. Neither the MOR nor the resident's record contained documentation to indicate the reason for the omissions. On at 9:55 a.m., the facility's regional nurse confirmed the findings and was unable to provide additional documentation to explain the omissions. 2. A review of the 1823 Health assessment dated for resident #8, revealed diagnosis of hematuria, , of the . Further review of the 1823 revealed the resident needed assistance with self-administration of medication. Review of the physician order dated revealed monitoring before meals and at bedtime with coverage based on level and contact physician if above 400 or below 60. Review of Medication Order Record revealed no documentation of or coverage for through .	A 054		

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A 054	Continued From page 12 Medication Order Record also did not indicate parameters for . Review of the and Record, a form kept in the Medication Order Record, indicated twice daily monitoring at 9am and 9pm. There was no documentation on the form for 9am results on ,2,3,4,5,6,7,9,10,11 or 12. Refused was documented for 9am on and 15. On a of 371 was documented. The 9pm results were documented as refused for ,2,3,4,5,6,7,8,9,10,11,12,13 and 14. at 9pm had a level documented as 445 with resident refusal of documented. There was no documentation of physician notification in the resident's record. Review of The Medication Order Record for , through , revealed no documentation of 9am with coverage on ,7,9,18,19,27,28 or 29. The Medication Order Record only had documentation for 9pm with coverage on and 7. Review of The and Record, a form kept in the Medication Order Record, indicated twice daily monitoring at 9am and 9pm. There was no documentation on the form for 9am results on ,27,28,29. Refused is documented for , and 11. Documentation indicated levels above 400 on ,7,12,16,17,18,23,24,25 and 31. There was no documentation in residents record of physician notification. (Photo evidence obtained) On at 2pm interview with the DON confirmed the lack of documentation on Medication Order Record. The DON also confirmed during the same	A 054		

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A 054	Continued From page 13 interview there was no documentation of notification of the physician when levels were above 400 in resident #8 record. Class III	A 054		
A 152 SS=D	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 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 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.	A 152		

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	AL11932514	A. BUILDING: _____ B. WING _____	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 152	Continued From page 14 (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 . This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure its resident call light system was in good working order for 20 of 24 sampled residents (#1, #6, #8, #9, #10, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26). Findings: 1. On at 10:39 a.m., resident #9 said he approximately a week and half prior. He said he could not reach his call light when he but, he said the call light did not work anyway. He said the call light did not work for approximately the prior six months. He said the last time he used it, smoke came out of it. He said the fire department was called and he was instructed to not use it or any of the plugs on that same wall. He said following the recent , a woman came into his room, looked at the call light and said she would look into it being broken. On .. .. at 1:30 p.m., when the surveyor told the maintenance director that resident #9 said his call light was broken for six months, the maintenance director replied "he's probably right about that". The maintenance director said he was unaware of the resident's call light ever smoking or that the fire department had to be called. He said he first learned the resident's call	A 152		

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A 152	Continued From page 15 light did not work on the day after the resident , which was on . The maintenance director said he tested the call light at that time and although it did not work, it also did not smoke. He said that at that time, he called the electric company used by the facility however, he learned the company placed the facility's contract on hold pending payment of an outstanding invoice. He said the invoice was now paid and the company was scheduled to come to the facility on . Review of an invoice from the electric company revealed it was paid on . On at 2:35 p.m., resident #12 said she did not know her call light was not working and said she usually just grabbed someone walking in the hallway when she needed help. A bell was seen in her room and she identified it as the one given to her by the facility on . Observations of the call lights in the resident room's revealed the following: 2. 1:50pm Observed 1st floor resident rooms for call light checks with the maintenance assistant. Call lights were located on the wall. call lights did not come on all other resident call lights in their rooms worked. 3. Res#10 ( ) stated he just moved in a week ago and had not used the call button yet, so he was not aware if it worked or not. 4. 2pm Observed with the maintenance assistant. Staff replaced new cord to call button. Observed the call light working. 5. 2:20pm Res#8 Stated he does not use the call button and staff gave him a bell. He	A 152		

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A 152	Continued From page 16 stated he did not know the call button didn't work until the staff informed him yesterday. 6. 2:30pm #14 Stated she found out yesterday that her call button was not working from the maintenance person. She stated she used the call button weeks ago and it worked. She stated she does not use it often at all. She stated the staff gave her a bell to use till it is fixed at 1:50pm Checked call bells on 3rd floor to verify proper function. A tour of -342 was conducted with the Maintenance Director. The Call bells next to the resident beds and in bathrooms were activated in each room. The call bells were not properly functioning in the following areas: 7. - Resident #12 Emergency call light in bathroom did not light up over resident door. 8. - Resident #6 Bed and bathroom call lights did not light up on the room number on the main panel. On at 2:43pm interview with resident # 6. The resident said everything is alright with the call light. 9. - Resident #15 the call light did not light up room number on the panel. 10. - Resident #9 Call light did not light up over resident's door. 11. - Resident #1 Emergency call light in bathroom did not light up on the room number on the main panel	A 152		

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A 152	Continued From page 17	A 152		

12. - Resident #23 and Resident #24 Bed call lights did not light up on the room number on the main panel. On at 2:24pm interview with resident # 23. The resident said he does not use the call bell because he doesn't need it.

13. - Resident #22 No call bell cord in room next to bed. On at 2:28pm interview with resident # 22. The resident said he does not have a call bell. The Maintenance director was notified at 2:57pm.

14. - Resident #20 and Resident #21 Bed call lights did not light up on the room number on the main panel. On at 2:33pm interview with resident # 20. The resident said the bell works fine. On at 2:34pm interview with resident # 21. The resident said the call bell works okay.

15. - Resident #18 and #19 Bed call lights did not light up on the room number on the main panel. On at 2:30pm interview with resident #18 regarding the call bell. She said the staff come when the call bell is activated.

16. - Resident #13 and Resident #14 Bed and bathroom call lights did not light up the room number on the main panel.

17. - Resident #25 and Resident #26 Bed and bathroom call lights did not light up the room number on the main panel.

18. - Resident #17 Bed the call lights did not light up the room number on the main panel. Bathroom call light did not light up over the door or show on the main panel. On at 2:47pm interview with resident #

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A 152	Continued From page 18 17. The resident said he doesn't use the call bell. 19. . . . . -Resident #16 Bed and bathroom call lights did not light up the room number on the main panel. On . . . . . at 2:28pm interview with resident # 16. The resident said he does not use the call bell 20. . . . . - Resident #8 Bed and bathroom call lights did not light up the room number on the main panel The main panel that indicates room numbers where the call light has been activated continued to beep when no room numbers were lit up. (Photo of panel) Class III	A 152		
A 168 SS=D	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular	A 168		

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A 168	Continued From page 19 rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. .... 429.27, FS Property and personal affairs of residents. - (7) In the event of the . . . . of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the	A 168		

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A 168	Continued From page 20 . . . . . resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's . . . . , the funds shall be deposited in the Health Care Trust Fund administered by the agency. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to issue a refund to 1 of 2 sampled residents (#4) within the required 45 days after discharge. In accordance with Statute 429.24(3)(a) FS; 429.27(7), FS. Findings: Review of resident#4's record revealed an admission date of into the assisted living facility. On . . . . . resident #4, due to her decreasing medical condition, was transferred to the memory care unit. On . . . . . resident #4's representative was notified the memory care unit would be closing in . . . . Resident #4 moved out the facility on , including all of her possessions. Resident #4 paid the facility for the full month of and was due a refund for the 7 days left in the month of . . . . The facility also mistakenly charged resident #4's credit card for the entire month of . . . , ... in the amount of 1484.00. The resident was due 346.22 dollars for the 7 days in . . . and additionally, 1484.00 dollars for the mistaken charge for the month of . . . . In review of the facility's copy of the refund check #470009178, issued to the resident was dated 3//11/2022, (9 months after discharge), in the amount of 1879.73. In review of the agency's and the facility's refund	A 168		

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A 168	Continued From page 21 policy, it confirmed any refunds due to the resident will be sent within 45 days after discharge. In an interview on [redacted] at 10am with the business office manager, she confirmed the resident was a mistakenly charged for 1484.00 for the month of [redacted] and resident was due the overcharge for the month of [redacted]. She stated she did not know why the check was not sent out within the 45 days. Class III	A 168		
CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency	CZ830		

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CZ830	Continued From page 22 management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any	CZ830		

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CZ830	Continued From page 23 necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on review of facility records and interview, the facility failed to submit its comprehensive emergency management plan (CEMP) annually to the local emergency management agency and failed to submit necessary plan revisions within 30 days after notification from that agency that plan revisions were required. Findings: A request was made by the surveyor to review the facility's most recent approval letter for its CEMP from the local emergency management agency. The document that was provided by the administrator revealed that it was dated . . . . and that it indicated the facility's plan was received by the agency however, the correspondence indicated that revisions to the	CZ830		

Agency for Health Care Administration

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CZ830	Continued From page 24 plan were required. On . . . . . at 12:30 p.m., the administrator said he was unable to provide additional documentation and said he submitted the facility's plan on that morning, the day of the survey. Class III	CZ830		