

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910258	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE NEW PORT RICHEY

**6400 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653**

(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 complaint investigation (complaint number: 2023006242) and a second revisit to biennial survey with limited nursing services, generator monitoring, and complaint investigation (complaint number: 2022016469) were conducted at Brookdale New Port Richey on Deficiencies were identified at the time of survey.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement	A 032		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 032	Continued From page 1 at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to make a daily effort to ensure that residents at risk for elopements had identification on their person that included the residents' name and the facility's name, address,	A 032			

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A 032	Continued From page 2 and telephone number for seven Residents (#6, #10, #13, #17, #18, #19, and #24) of seven sampled residents that were identified as at risk for elopements. Findings Included: During the initial documents request, conducted on at 09:35am, Staff C (a licensed practical Nurse) identified that all twenty-nine residents that resided in the memory care unit were at risk for elopements. During observations in the memory care unit of Residents #6, #10, #13, #17, #18, #19, and #24), conducted on at 02:35pm, Residents #6, #10, #13, #17, #18, #19, and #24 did not have identification on their person that included their name and the facility's name, address, and telephone number. During an interview with Staff F (an unlicensed Medication Technician and Resident Care Aide), conducted on at 02:45pm, Staff F stated that none of the residents in the memory care unit had identification on their person. A record review for Resident #10, conducted on revealed that Resident #10 was admitted to the facility on According to Resident #10's health assessment form dated, the resident was at risk for elopements. A record review for Resident #13, conducted on revealed that Resident #13 was admitted to the facility on According to Resident #13's health assessment form dated, the resident was at risk for elopements.	A 032		

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A 032	Continued From page 3 A record review for Resident #24, conducted on _____, revealed that Resident #24 was admitted to the facility on _____. According to Resident #24's health assessment form dated _____, the resident was at risk for elopements. Resident #24 eloped from the facility on _____. During an interview with the Administrator, conducted on _____ at 04:30pm, the Administrator was unaware of the requirement that the facility must make a daily effort to ensure that residents at risk for elopements had identification on their person that included the residents' name and the facility's name, address, and telephone number. Class III	A 032			
A 052 SS=D	429.256(); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an _____ syringe that is prefilled with the proper dosage by a pharmacist and an _____ that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication	A 052			

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A 052	Continued From page 4 from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's _____ or placing the dosage in another container and helping the resident by lifting the container to his or her _____. (d) Applying _____ medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (4) Assistance with self-administration of medication does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____ or _____	A 052			

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A 052	Continued From page 5 preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with	A 052		

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A 052	Continued From page 6 self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or	A 052		

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A 052	Continued From page 7 assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to orally advise residents of the name and dosage of the medications while assisting three Residents (#17, #18, and #19) with medications. Furthermore, the facility failed to properly assist residents with medication when an unlicensed Medication Technician administered medications to two memory care Residents (#17 and #19) of three sampled residents. Findings Included: During a medication pass observation with Staff F (an unlicensed Medication Technician) for Resident #17, #18, and #19, conducted on from 02:15pm through 02:35pm, Staff F did not orally advise Resident #17, #18, and #19 of the names and dosages of their medications. Staff F did not properly assist Residents #17 and #19 with their medication but instead administered their medication by scooping their medications on a spoon and inserting the medications into the residents' mouths. Staff F administered the prescribed medication 325mg to Resident #17. Staff F assisted Resident #18 with the prescribed medications 300mg and 12.5mg. Staff F administered the prescribed medications 650mg and 125mg to Resident #19. During an interview with the Administrator and	A 052		

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A 052	Continued From page 8 Health and Wellness Director, conducted on at 04:30pm, the Administrator and Health and Wellness Director agreed that unlicensed Medication Technicians were supposed to orally advise residents of the name and dosage of medications when assisting the residents with medications. The Administrator and Health and Wellness Director agreed that unlicensed Medication Technicians were not supposed to administer medications to residents but assist the residents with the over method. Class III	A 052		