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 |
|---|---|---|---|
| | AL11965424 | A. BUILDING: _____ B. WING _____ | 05/08/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE LAKE ORIENTA | 217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701 |

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| CZ821 | 59A-35.110( ) FAC Reporting Requirements; Electronic Submission<br><br>59A-35.110 Reporting Requirements; Electronic Submission.<br>(1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including:<br>(a) Insurance coverage renewal;<br>(b) Bond renewal;<br>(c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider;<br>(d) Annual sanitation inspections;<br>(e) Fire inspections.<br>(2) Electronic submission of information.<br>(a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal:<br>1. Nursing homes:<br>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. | CZ821 | | |

AHCA Form 3020-0001

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

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| CZ821 | Continued From page 1<br><br>2. Assisted living facilities:<br>Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>3. Hospitals:<br>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>4. Ambulatory Surgical Centers:<br>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available | CZ821 | | |

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| CZ821 | Continued From page 2<br><br>at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>6. For the purposes of this rule, the following applies for submitting adverse incident reports:<br>a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S.<br>b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident.<br>c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident.<br>d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later.<br>e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up | CZ821 | | |

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| CZ821 | Continued From page 3<br><br>to $50 per day late not to exceed $500.<br>(b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission.<br>(c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to electronically submit to the agency a preliminary report within 1 business day and a full report within 15 days of 1 of 6 sampled residents being sent to the hospital following a (#2).<br><br>Findings:<br><br>Review of resident #2's record revealed a facility admission date of . A 1823 indicated he was independent with ambulation, toileting and transferring, he used a walker, and his gait was unsteady.<br><br>On . . . . . at 9:55 am, he was seen sitting in a chair in the hallway of memory care. A standard walker was in front of him, and he leaned slightly to the left with his , closed. He had purple . . . . , that covered the entire left side of his and extended down the left side of his . A purple . . . . was on his upper . . . near his . An egg-sized knot was on his left forehead. A . . . . bandage was on his left upper with surrounding purple . He said the injuries were caused when he got up from the same chair he was sitting in, slipped then on | CZ821 | | |

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| CZ821 | Continued From page 4<br><br>the floor striking his . He said he went to the hospital for it. The health and wellness director was present and confirmed the resident had a .<br><br>A at 12:30 am facility note read he in his apartment next to his bed and hit his . He had on his left forehead and above his left and he complained of . 911 was called and he was transported to a hospital. He returned to the facility at 3:12 pm with a large on his left forehead and over his left .<br><br>On at 1:10 pm, a request was made to review the preliminary and 15-day reports submitted to the Agency following the resident's need to be sent to the hospital due to the . The administrator said the reports were not submitted because the resident did not break or dislocate anything.<br><br>Unclassified | CZ821 | | |
| A 000 | Initial Comments<br><br>A complaint investigation #2023001796 was conducted at Brookdale Lake Orienta on . The facility had deficiencies at the time of the survey. | A 000 | | |
| A 028 SS=D | 59A-36.007(4) FAC Resident Care - Activities of Daily Living<br><br>(4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. | A 028 | | |

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| A 028 | Continued From page 5<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to assist 1 of 6 sampled residents with a shower (#1).<br><br>Findings:<br><br>During an interview with resident #1 on ..... at 10:29 am, she said she did not receive a shower until 10 days after she was admitted to the facility. She said she had a total of three showers and three sponge baths while she lived there. She said she had to use a shower in the memory care unit because her wheelchair and shower chair did not fit in her own bathroom and shower. She had to buy a new shower chair that would fit. She said her scheduled shower days were Monday, Wednesday, and Friday. She had to pay to have her hair washed in the facility's salon because she was not showered. She said she smelled so bad that she did not want to eat in the dining room and instead had her meals delivered to her room.<br><br>Review of resident #1's record revealed a facility admission date of ..... and discharge date of ..... Her diagnoses included progressive ..... An ..... and a ..... 1823 both indicated she required assistance with bathing.<br><br>An ..... facility personal service assessment indicated she needed help with showering and bathing and required such help 3-4 times each week.<br><br>A ..... at 6:13 pm facility note indicated she needed assistance with showers, she had ..... in both arms and no mobility in her | A 028 | | |

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| A 028 | Continued From page 6<br><br>A at 7:49 pm facility note indicated her main concerns at that time was receiving a shower and she was given her shower schedule.<br><br>A at 7:53 pm facility note indicated she received a shower as scheduled.<br><br>A at 6:40 pm facility note read, in part, "should be having a shower delivered this evening".<br><br>A at 6:26 pm facility note indicated she reported a new shower chair was delivered and was a smaller size compared to the one she originally had. She said she would be much better after having a full shower. She was originally scheduled to receive a shower during the morning shifts, but staff could not give her one because the original chair was too big resulting in only getting sponge baths.<br><br>During an interview with the administrator on at 2 pm, she said when this resident was first admitted to the facility, she had a very large electric scooter that did not fit in her bathroom. She said the resident could not step over the , to get into the shower. She said the resident was taken to an empty room in memory care to receive a shower as there was no , . She said the resident did complain to her that she did not know when or where she was going to receive a shower. The administrator said a Brookdale community in another state assessed the resident prior to coming to this facility and they did not communicate all of the resident's needs. She said she did not know the resident needed a sliding board to transfer from one surface to another. She said due to the challenges the resident was | A 028 | | |

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| A 028 | Continued From page 7<br><br>not always given her showers. She said the resident sometimes said she was either too tired or did not want to go to memory care to receive one. The facility did not document when residents received a shower and documented only when they refused. There was no facility documentation available to indicate this resident ever refused a shower.<br><br>Class III | A 028 | | |
| A 034 SS=D | 59A-36.007(9) ASSISTIVE DEVICES<br><br>(9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices.<br>(a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device.<br>(b) Documentation of each assistive device a resident uses must be included in the resident's record.<br>(c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment.<br>(d) All assistive devices must be clean, in good repair, and free of hazards.<br>(e) The facility must encourage and allow the resident to function with independence when using the assistive device.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6 sampled resident's wheelchair was clean (#5, #6) | A 034 | | |

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| A 034 | Continued From page 8<br><br>and failed to have policies and procedures that included the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device.<br><br>Findings:<br><br>On . . . . . at 9:46 am, resident #5's wheelchair was found to be dirty.<br><br>On at 9:57 am, resident #6's wheelchair was found to be dirty.<br><br>Both residents said their wheelchairs had not been cleaned at the facility.<br><br>On at 3:40 pm, the administrator was shown the condition of resident #5's wheelchair. The administrator reminded the resident that someone came to the facility monthly to service and clean wheelchairs, at which time the resident replied "oh, that's what they were doing in the bistro?" The resident then said she lived at the facility for three years and her wheelchair was not cleaned during that time.<br><br>On at 3:44 pm, the administrator was shown the condition of resident #6's wheelchair.<br><br>A review of the policies and procedures identified by the administrator as assistive devices policies revealed none included the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. | A 034 | | |

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| A 034 | Continued From page 9<br><br>On at 1:57 pm, the administrator said there were no additional policies.<br><br>Class III | A 034 | | |