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
	AL11911216	A. BUILDING: _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

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A 000	Initial Comments An unannounced relicensure with limited nursing services, health facility reporting system, generator and visitation monitoring and complaint survey for #2022007744, #2022012694, #2023002281, #2023004027, and #2023004967 was conducted on [redacted] through [redacted] at Brookdale Sarasota Midtown, an assisted living facility in Sarasota, Florida. Complaint #2022007744 was substantiated at A025, A052, A078. And A165. Complaint #2022012694 was substantiated without citation. Complaint #2023002281 was substantiated at A025, A052, A078. And A165. Complaint #2023004027 was substantiated at A025, A052, A078. And A165. Complaint #2023004967 was substantiated at A025, A052, A078. And A165. The following is a description of the deficiencies.	A 000		
A 025 SS=D	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	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 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 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.	A 025		

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A 025	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide care, services and personal supervision as appropriate for 3 (Residents #6, #12 and #13) of 3 current residents reviewed for . The findings included: Facility policy management policy - DS-30-1 effective . indicated: Brookdale has identified universal precautions applicable to all residents. A witnessed or unwitnessed is reported in the Brookdale Incident Reporting System (BAIRS). Residents who sustain a should have a post evaluation completed to consider possible interventions to reduce the potential for future . and injury. Policy detail: V: document residents /injuries, resident response, and interventions taken in the progress notes. VII: service plan is reviewed for potential . interventions and updated as necessary. 2. Record review for Resident #6 showed he had multiple . without injury including: . , , , and . The most recent Personal Service Plan was dated . and listed under escort and mobility: uses Safety Ring as a bedside mobility device. All other interventions were universal precautions with nothing . individualized interventions for this resident who has had multiple . Last risk evaluation in Resident #6's chart was from admission and dated . On 10:56 a.m., an observation was made of Resident #6's room. It revealed a single bed,	A 025		

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A 025	Continued From page 3 against the wall, no ring was on the bed. 3. Record review for Resident #12 revealed she had multiple including: , , , , , , , and . Resident # 12 was sent to the Emergency room following the on and . On she was admitted to the hospital for repetitive . The most recent Personal Service Plan was dated . All interventions were universal precautions with nothing individualized interventions for a resident who has had multiple . The last risk evaluation in Resident #12's chart was dated . On at 10:24 a.m., the Health and Wellness Coordinator (HWC) said she had been hired on but had 3 weeks of training before starting on the floor in the end of . She said she took the management courses through zoom, but said it was kind of short. There were 3 weeks of zoom meetings and she didn't remember much. She said when she got on the floor she was not shown what to do. The HWC said she may not have actually been on the floor for Resident 6 and 12's . The HWC said the first time she actually had training on what the process is with was yesterday with the District Director of Clinical Services. On at 9:32 a.m., the District Director of Clinical Services (DDCS) explained the process should have been an incident report filled out by the first person on scene. The nurse should fill out the post investigation initial form, and then a second form post analysis which is where they would choose the intervention. Then there should be 3 days worth of alert charting. DDCS admits none of that was done for these residents.	A 025		

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A 025	Continued From page 4 DDCS said procedure was not followed and there were currently no individualized interventions in place that she was aware of. She said a Clinical , (corporate employee) was at the facility during those and DDCS said she did not know why the Clinical , didn't follow through. Record review for Resident #13 showed the most recent Personal Service Plan on record was dated . On the following dates Resident #13 had (total of 8) without negative outcomes: , , , , , , , and . Record review for Resident #13 found no evidence of a risk evaluation after each with individualized interventions. During an interview on at 1:30 p.m. the Administrator confirmed the facility staff did not follow facilities policy, and no personalized interventions were in place after each for Resident #13. During an interview on at 1:40 p.m. the District Director of Clinical Services (DDCS) confirmed the lack of personalized interventions after each for Resident #13. She acknowledged the facility staff failed to follow facility policy. Class III	A 025		
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	A 052		

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A 052	Continued From page 5 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 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	A 052		

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A 052	Continued From page 6 . . . . . ˬ 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 . . . ˬ of the body. (d) Administration of ˬ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with . . . ˬ , ... ˬ , or . ˬ . 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 ˬ . . . . . ˬ . or older, trained to assist with self	A 052		

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A 052	Continued From page 7 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 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	A 052		

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A 052	Continued From page 8 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 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, record review and interview, the facility failed to properly assist with self-administration of medication for 1 (Resident #22) of 3 residents observed being assisted with medications. The findings included: On at 9:01 a.m., Staff D (med tech) was observed assisting Resident #22 with medications. She prepared his medications in a cup in the hallway and then brought the cup and the medication packages into his room. Resident #22's medications included , a , medication, a , an and a medicine for . Staff D said to Resident #22 "I have all your ", placed the cup on his armchair and walked out of room. She did not watch Resident #12 take his medications.	A 052		

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A 052	Continued From page 9 On at 12:16 p.m., Staff D said she had taken the medication technician training and knew she was supposed to tell the resident what medications they are getting, and that she is to watch them actually take the meds. She said Resident #12 sometimes tells her he knows what medications he's taking. She said she was not aware if he signed a waiver not to tell him his meds or not. On at 12:26 p.m., the Administrator said medication technicians are to tell the residents what meds they are getting and watch them take them. She said Resident #22 did not have a waiver. Class III	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of	A 078		

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A 078	Continued From page 10 . . . . . testing materials satisfies the annual examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description	A 078		

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A 078	Continued From page 11 to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff provide evidence of a negative examination on an annual basis for 1 (Administrator) of 1 Administrator file reviewed: The findings included: Record review of the Administrators employment file revealed a negative test dated On at 2 p.m., the Administrator said that was the only one on file. Class III	A 078		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is	A 165		

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A 165	Continued From page 12 required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. [illegible]; 2. [illegible] or [illegible] damage; 3. Permanent [illegible]; 4. [illegible] or [illegible] of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.	A 165		

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A 165	Continued From page 13 (6) . . . . , neglect, or . , ... must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 165	Continued From page 14 facility failed to submit the facility's investigation results within 15 days after an adverse incident was filed for 3 (#16,#20,#21) out of 11 residents reviewed. The findings included: Record review showed the facility filed a one day adverse incident report for Resident #16 on , a one day adverse incident report for Resident #20 on , and a one day adverse incident report for Resident #21 on . Record review found no evidence the facility submitted a 15 day report with investigation results related to the one day adverse incidents filed for Residents #16,#20, and #21. On at 2:30 p.m. the administrator acknowledged that she failed to submit the 15 day report with results of investigations related to the adverse incidents filed for resident # 16, # 20, #21. She said it was an oversight on her end and she will ensure proper submitting of the 15 day reports effective immediately. Class III	A 165		