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
	AL11965474	A. BUILDING: _____ B. WING _____	R 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEKIWA SPRINGS	203 S WEKIWA SPRINGS ROAD APOPKA, FL 32703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to a complaint investigation #2023000372 and #2023002147 was conducted at Brookdale Wekiwa Springs on , and . . . . The facility had uncorrected deficiencies at the time of the survey.	{A 000}		
{A 081} SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously	{A 081}		

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{A 081}	Continued From page 1 completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including	{A 081}		

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{A 081}	Continued From page 2 chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . ., neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	{A 081}		

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{A 081}	Continued From page 3 This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on personnel record reviews and interviews, the facility failed to have documented evidence to indicate 5 of 5 sampled staff received the required in-service training as described in 59A-36.011 ( ) F.A.C. (A, D, F, G, H). Findings: 1. Review of caregiver D's personnel record revealed a hire date of . . . . . An . . . . . 2-hour preservice orientation certificate of training was not signed by the caregiver. An . . . . . certificate of training on resident behaviors, needs and assisting with ADLs was for only 1-hour of training and not the required minimum of 3-hours. 2. Review of caregiver F's personnel record revealed a hire date of . . . . . A . . . . . 2-hour preservice orientation certificate of training was not signed by the administrator nor the caregiver. A certificate of training on control was for only one-half hour and not the required minimum 1-hour. The record did not contain documentation of 3-hours training on providing assistance with ADLs and behavioral needs and 1-hour on reporting incidents and the facility's emergency procedures including chain of command. During an interview on . . . . . at 3:25 pm, the business office manager said she was unable to provide additional documentation.	{A 081}		

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{A 081}	Continued From page 4 3. Caregiver staff A's record review revealed a hire date of . A 2-hour certificate for pre-service orientation and all other required in-service trainings dated . There was no evidence of documented in-service trainings for: a) one hour control b) 2 hours Activities of Daily Living and Behavioral Training. There was only 1 hour documented c) signed 2-hour pre-service orientation certification by staff A and administrator 4. Caregiver staff G's record review revealed a hire date of . There was no evidence of documented in-service trainings for: a) signed 2-hour pre-service orientation certification by staff G and administrator 5. Caregiver staff H's record review revealed hire a date of . There was no documented evidence of in-service trainings and the 2-hour pre service orientiaton for the following: a) 2-hour Activities of Daily Living and Behavioral Needs Training. There was only 1 hour documented. b) signed 2-hour pre-service orientation certification by staff H and administrator. On at 2:52pm - The Business Office Manager confirmed the findings. Class III	{A 081}		
{A 086} SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING	{A 086}		

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{A 086}	Continued From page 5 REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled "	{A 086}		

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{A 086}	Continued From page 6 and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's . . . . . and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular	{A 086}		

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{A 086}	Continued From page 7 contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on personnel record reviews and interviews, the facility failed to ensure 1 of 5 sampled direct care staff received a minimum of 4 hours of and Related (ADRD) continuing education annually (D) and failed to ensure 1 of 5 sampled direct care staff obtained 4 hours of ADRD level 2 training within 9 months of employment (H).	{A 086}		

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{A 086}	Continued From page 8 Findings: Review of caregiver D's personnel record revealed a hire date of . An 8-hour certificate of training revealed the caregiver had ADRD levels 1 and 2 training. The record did not contain documentation to indicate the caregiver received a minimum of 4 hours of ADRD continuing education annually thereafter. During an interview on at 3:25 pm, the business office manager said she was unable to provide additional documentation. Review of Caregiver staff H's record review revealed a hire date of . There was no documented evidence the Level II training was completed within 9 months of hire. On at 2:52pm - The Business Office Manager stated staff H does not have it. We discovered in our audit and staff H is working on it. Class III	{A 086}		
{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	{A 152}		

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{A 152}	Continued From page 9 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 [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [illegible] 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. (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 [illegible]. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observations and interviews, the facility failed to maintain a clean, decent, and well-maintained living environment. Findings: Observations made on [illegible] at 10:30 am	{A 152}		

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{A 152}	Continued From page 10 revealed . . . # . . .'s toilet paper holder was broken; the toilet bowl was discolored brown and the floor around the base of the toilet was dirty. Observations made on . . . . . at 10:49 am revealed # 's toilet paper holder was broken, the toilet bowl was discolored brown, and the shower mat had a black substance. Observations made on at 10:55 am revealed the outside wall to the left of the dining room had dried splattered brown colored substances. Observations made on . . . . . at 10:58 am revealed the elevator track was dirty. During an interview on at 10:35 am, resident #1's family member was sitting in the resident's room. She said the resident lived at the facility since . . . . . She said since then, his bathroom door had not closed properly, and his toilet paper holder was broken. Observations made revealed when the bathroom door was closed it did not catch properly so it popped . . . open, and the toilet paper holder was broken. Review of the housekeeping schedule provided by the administrator revealed it was revised on with resident rooms scheduled to be cleaned Tuesday through Saturday. During an interview on . . . . . at 1:40 pm, the facility's only employed housekeeper said he worked every Tuesday through Saturday from 7 am- 3:30 pm and oftentimes stayed longer, for a total of 10 hours each day. When shown the housekeeping schedule given by the administrator, the housekeeper said he'd never seen it before. He then provided a schedule that	{A 152}		

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{A 152}	Continued From page 11	{A 152}		

he followed, which had rooms scheduled to be cleaned Monday through Sunday. He said he cleaned the memory care common areas at least three times each week, with the most recent time being on this past Saturday. He said he cleaned the memory care dining room floor after breakfast on the day of the interview. He said when he cleaned resident rooms, he dusted the windowsills and picture frames, swept, or vacuumed, mopped, and cleaned the shower. He cleaned the toilet bowls for only those residents who had their own toilet brush. He said he's often asked to clean . . # .. because the floor gets dirty often. He said when he worked on Saturdays, he cleaned the rooms for that day and as many as he could get to for those scheduled on Sunday. He said because his schedule had most of the memory care rooms scheduled for Sunday and he did not work on Sunday, he did not always get to those apartments.

On at 9:15 am, the business office manager said the facility did not employ maintenance personnel. She said if repairs were needed a corporate maintenance employ came to the facility.

On at 2 pm, the housekeeper was shown the cleaning concerns in memory care. He said the food substances on the memory care wall were too hard to get off without damaging the wall.

On at 1:50 pm, the housekeeper was shown the elevator track. He said the cleaning of the track was just overlooked.

Class III

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{A 160}	Continued From page 12	{A 160}		
{A 160} SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).	{A 160}		

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{A 160}	Continued From page 13 (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with [redacted]'s [redacted] or related [redacted], a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint	{A 160}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965474	A. BUILDING: _____ B. WING _____	R 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEKIWA SPRINGS	203 S WEKIWA SPRINGS ROAD APOPKA, FL 32703

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{A 160}	Continued From page 14 investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ...; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on review of the facility's health department food and group care inspections and interview, the facility failed to maintain satisfactory inspections. Findings: Review of the facility's health department inspections revealed that on ... a food reinspection remained unsatisfactory. During the survey on a food reinspection and a group care inspection were conducted, and both were unsatisfactory.	{A 160}		

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
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{A 160}	Continued From page 15 On at 3:30 pm, the administrator confirmed the findings during the exit conference. Class III	{A 160}		