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
	AL11964787	A. BUILDING: _____ B. WING _____	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957

(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 An unannounced Complaint (#2025004102) and Generator Monitoring survey was conducted on at Brookdale Jensen Beach. The facility had deficiencies related to the at the time of the survey.	A 000		
A 032	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 at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032		

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
	AL11964787	A. BUILDING: _____ B. WING _____	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957

(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 032	Continued From page 1 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 record review and interviews, the facility failed to follow their Elopement policy and procedures for 2 of 2 sampled residents diagnosed with , thereby considered to be "at risk" for elopement (Resident #1 and Resident #2). The findings included:	A 032		

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
	AL11964787	A. BUILDING: _____ B. WING _____	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957

(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 032	Continued From page 2 Per Review of the facility's current Elopement Risk Policy (effective date: , last revised on) which was provided by the Administrator on , it documented the following: Policy Overview Residents who are at risk for elopement should be evaluated by a healthcare provider or mental health care provider within 30 calendar days of being admitted/moved into a community. The elopement risk is documented on the Florida 1823 Health Assessment Form. Definitions of Elopement Assisted Living: Any incident where a resident leaves the interior of the assisted living portion of the community; unescorted or unsupervised, with or without injury, when it has previously been determined that he/she needs supervision. Policy Detail: 2. Residents living in a non- and Care community who have a documented diagnosis of shall also be considered at risk for elopement. a) Residents assessed at risk for elopement or with any history of elopement should have identification on their persons that includes their name and the community's name, address, and telephone number. 4. The risk for elopement will be identified in the resident's service plan. [photo evidence obtained] 1) Resident #1 was admitted to the facility on	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964787	A. BUILDING: _____ B. WING _____	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957

(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 032	Continued From page 3 . The health assessment (AHCA Form 1823) completed by health care provider, dated , documents Resident #1's as being diagnosed with Advancing . Her status was "oriented to person, needs reminders, pleasant." The 1823 documents that Resident #1 is not an elopement risk. According to the facility's Elopement policy and procedures, Resident #1 should have been considered an elopement risk due to her diagnosis of . Resident #1 was not provided with identification to be worn on their person, nor was the risk of elopement identified in the resident's service plan. Resident #1 eloped from the facility on . She was identified as missing at 6:00 AM and found sitting in the Brookdale community vehicle in the parking lot near the front entrance at 7:55 AM. When found, Resident #1 was "unable to explain why she had left the community without signing out and why she got into the empty car. She was unable to tell staff where she was trying to go." 2) Resident #2 was admitted to the facility on . The health assessment (AHCA Form 1823) completed by health care provider, dated , documents Resident #2's as being diagnosed with . His status was "disoriented to time, place." The 1823 documents that Resident #2 is not an elopement risk. Review of Nurse Practioner's notes during health visit on documents, "The patient demonstrates significant , , , consistent with his history of . He is unable to recall his current location or the date,	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964787	A. BUILDING: _____ B. WING _____	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957

(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 032	Continued From page 4 and has difficulty providing information about his recent medical history." Note during , Evaluation on documents that Resident #2 "is pending to transition to the memory care unit." Review of Nurse Practioner's notes during health visit on documents, "...Facility personnel report that the patient has been trying to leave the facility and requires frequent redirection. These behavioral difficulties have escalated with the patient demonstrating increased agitation. During the visit, Mr. Hollister was observed through the facility ..." According to the facility's Elopement policy and procedures, Resident #2 should have been considered an elopement risk due to his diagnosis of , and subsequent health care notes documenting need for memory care and observations of resident trying to leave the facility. Resident #2 was not provided with identification to be worn on their person, nor was the risk of elopement identified in the resident's service plan. Resident #2 eloped from the facility on . On at approximately 6:00 PM, a resident residing in Room {#} reported that he had seen Resident #2 walking outside the community on the east side. The resident had exited out of an emergency exit door in the stairwell which triggered an alarm. At 6:20 PM, Resident #2 was located approximately 0.2 miles from the facility (Sewall's Point Road and Indian River Drive). Resident was returned to the facility and assessed. Resident was found to have an injury to his right arm, and he was sent to the Emergency Room for evaluation. Resident #2	A 032		

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
	AL11964787	A. BUILDING: _____ B. WING _____	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957

(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 032	Continued From page 5 sustained a to his right collar bone On at 1:08 PM, the administrator was informed of the facility's failure to follow their Elopement policy and procedures. The administrator disagreed with the findings that Resident #1 and Resident #2 should have been considered an elopement risk based on their diagnoses of . She confirmed that both residents were no longer residing at this facility, as they had been discharged to other separate memory care facilities. Class III	A 032		