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
	AL11965390	A. BUILDING: _____ B. WING _____	01/08/2026

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BROOKDALE WEST MELBOURNE	7199 GREENBORO DR WEST MELBOURNE, FL 32904

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ZZ821 SS=D	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (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: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (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: 1. Nursing homes: 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.	ZZ821		

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ZZ821	Continued From page 1 2. Assisted living facilities: 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. 3. Hospitals: 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. 4. Ambulatory Surgical Centers: 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	ZZ821		

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ZZ821	Continued From page 2 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. 5. Residential Mental Health Providers: Crisis stabilization units, short-term residential treatment facilities, residential treatment facilities, and residential treatment centers for children and adolescents shall submit incidents as required by Section 394.907, F.S., and rules promulgated thereunder to the Agency within 1 business day of occurrence on Residential Mental Health Provider Incident Report, AHCA Form 3180-5008OL, , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-18470, 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 6. 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. 7. For the purposes of this rule, the following applies for submitting adverse incident reports:	ZZ821		

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ZZ821	Continued From page 3 a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. 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. 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. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (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. This Statute or Rule is not met as evidenced by: Based on record interview and review, the facility failed to electronically submit to the agency a preliminary report within 1 business day of the incident and a full report within 15 calendar days of the incident for 1 of 4 residents sampled. (#1) Findings:	ZZ821		

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ZZ821	Continued From page 4 A review of resident #1's record revealed he sustained 4 unwitnessed . 3 required transfer to the hospital. On resident #1 was transferred to the hospital with a injury requiring On resident #1 was transferred to the hospital with a injury. A right parietal , soft tissue . On resident #1 was transferred to the hospital with a injury. He was diagnosed with a right parietal hematoma, subacute holohemispheric convexity collections 7mm left 5mm right. On at 1:48 PM, the Administrator confirmed he did not submit any Adverse Incident Reports to the agency for the incidents involving resident #1. Class III	ZZ821		
A 000	Initial Comments A survey for complaint #2025019271 and a generator monitoring were conducted at Brookdale West Melbourne on , , and . Class I deficiencies were identified at A0025 resident care and supervision and A0077 staffing standards-Administrator. The facility failed to provide care and services to meet the needs of 1 of 4 residents sampled (#1). Resident #1 had multiple unwitnessed in his room. The last occurred on and resulted in an from blunt impact injury to his .	A 000		

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A 000	Continued From page 5 The class I noncompliance began on . The census at the beginning of the survey was 17. The Administrator was notified of the class I deficiencies on at 3:12 PM. A class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's' noncompliance has caused or is likely to cause serious injury, herm, or to a resident receiving care at the facility.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the	A 008		

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A 008	Continued From page 6 appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided	A 008		

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A 008	Continued From page 7 that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,	A 008		

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A 008	Continued From page 8 6. Whether the individual has signs or symptoms of , , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.	A 008		

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A 008	Continued From page 9 (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, . . , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish . , to be administered in the case of or , . (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure residents were examined by a	A 008		

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A 008	Continued From page 10 licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility for 2 of 4 sampled residents. (#1 and #5) 1. A review of resident #1's record revealed he moved into the facility on . His record contained a Resident Health Assessment (1823) dated . More than a year before being admitted to the memory care facility. 2. A review of resident #5's record revealed he was admitted on . His record contained an 1823 dated More than 90 days prior to his admission. On at 3:15 PM, the administrator confirmed the finding. Class III	A 008		
A 025 SS=J	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 or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . 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	A 025		

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A 025	Continued From page 11 must assist in making , , for the necessary care and services to treat the 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	A 025		

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A 025	Continued From page 12 changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide adequate supervision and care and services appropriate to meet the needs of 1 of 4 residents sampled for , to ensure safety through proactive measures to minimize the potential for and injuries and an injury that resulted in (#1). The facility failed to provide appropriate care and services to meet the needs of resident #5 by not following the physician orders. Findings: On at 10:08 AM, a tour of the memory care facility was conducted. The census at the time of the tour was seventeen. There were no signs of injuries during the tour. Resident #1 was admitted to the Assisted Living Facility (ALF) on . Review of his Health Assessment Form (1823) indicated resident #1 had a diagnosis of mild . The 1823 indicated resident #1 required supervision with ambulation, bathing and transfers. The form did not indicate any special precautions such as risks. Review of resident #1's record revealed the following documentation of four unwitnessed while he lived at the ALF. On at 8:48 PM, resident #1 was found on the floor in his room near his bed. He had a on his left . On at 2:00 AM, he had an unwitnessed in his room. Resident #1 complained of ,	A 025		

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A 025	Continued From page 13 , at that time. On at 8:06 PM, resident #1 had an unwitnessed in his room and he was found shaking and leaning to the left side. He was transferred to the hospital and returned to the ALF on at 4:12 AM. On at 3:40 PM, resident #1 had an unwitnessed in his room and he complained of left arm , . Record review revealed resident #1's Personal Service Plan (care plan) initiated when he was admitted to the ALF had no resident specific prevention interventions documented after he had four . The Facility Management Policy updated , was reviewed and revealed a risk evaluation is to be completed at move in. A post evaluation should be completed for possible interventions to reduce the potential for future and injury. Record review reflected on resident #1 was discharged from the ALF to the Memory Care Facility. The record revealed the facility failed to complete a new 1823. The 1823 found in the record was from the ALF and was not updated to include a history of resident #1 sustained while living in the ALF. Review of the record revealed resident #1 resident was in the memory care unit from /25 and he sustained four unwitnessed . Three of those resulted in him being transferred to the hospital for higher level of care. The last resulted in an . An is a ...it causes to pool between your and . It prevents from reaching your . (retrieved from	A 025		

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	AL11965390	A. BUILDING: _____ B. WING _____	01/08/2026

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A 025	Continued From page 14 https://my.clevelandclinic.org on). On at 9:45 AM, Licensed Practical Nurse (LPN) E wrote, resident occurred on Saturday at 8 PM. No physical signs of injury. Staff were doing rounds and noted resident #1 on the floor, lying on his next to recliner. On at 6:04 PM, LPN E documented there was a in place over resident #1's left ( ) under with slight . There was no documentation of how this injury occurred in the facility notes. Resident #1's record contained hospital records. Review of these records found a record dated which documented a with left injury as the reason for the emergency visit. During that visit, resident #1 had a (CT) of his which showed no signs of acute process, , or . He also had a CT of his with no findings. Resident #1 did receive to his . Review of a hospital record dated found resident #1 was transferred for emergency treatment after a . He had a CT of his which revealed a right parietal , soft tissue with no . He also had a CT of his which was negative. A review of the Medication Observation Record (MOR) for resident #1 indicated on Wednesday at 4 PM, 5 PM and 8 PM, resident #1 was hospitalized. No facility notes were found for the hospital emergency visit on Tuesday . On at 8:40 AM, LPN E wrote resident #1 was observed on the floor next to his lounge chair. felt to occipital . (The of	A 025		

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A 025	Continued From page 15 the). 911 was called. Review of the hospital records for resident #1 found he arrived at the Emergency Room on at 8:58 AM. He was discharged at 10:52 AM, to another hospital for a neurosurgery consultation. His diagnosis was - right parietal hematoma, with collections 7mm left 5mm right. On at 1:55 PM, caregiver C confirmed she found resident #1 on the floor in his apartment on . She stated he was lying on his with his behind his next to his recliner. She added LPN E was working and he convinced resident #1 to go to the hospital because he hit his . On at 11:48 AM, LPN E confirmed he evaluated resident #1 after he was found on the floor on around 8:00 AM. He stated resident #1 had a bump on the of his . The LPN said resident #1 did not want to go to the hospital but he was sent out 911 due to a injury. He stated there were no other signs of injury other than the bump on his . He also confirmed his shift started at 6 AM, and that was the first time he had seen resident #1 that day. LPN E said he did not know how long resident #1 had been on the floor. On at 10:30 AM, an interview with resident #1's daughter was conducted. She stated that her father lived across the street in the ALF which shares the same Administrator and Director of Wellness. He then was moved to memory care. She stated they were aware he was a risk because he several times in the ALF. The resident's daughter stated they received a call around 9 AM on from LPN E who advised resident #1 had been transferred to the hospital	A 025		

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A 025	Continued From page 16 after a resulting in a bump on his . She further stated at the hospital resident #1 was found to have 2 bleeds and the doctor advised them he had a grave prognosis. Their father was placed in Hospice and , on . The daughter stated the family was very distraught that their father from the . On at 2:55 PM, the Administrator confirmed there had been no investigations conducted after resident #1's . He confirmed resident #1's 1823 was not completed when he moved to the memory care building. He acknowledged that risk was not documented on resident #1's 1823. He also confirmed there was no Personal Service Plan initiated when resident #1 was moved into memory care (per their policy). He said they just sent his record from the ALF but did not update it when he moved into memory care even though the facilities are separately licensed. Review of resident #1s certificate revealed the following: The date of was , the cause of was , blunt impact injury of . Date of injury . How injury occurred - Decedent . 2. A review of resident #5's record revealed he was admitted on . His record contained an 1823 dated which documented he required assistance with self-administration of medication. A review of resident #5's Medication Observation Record (MOR) for and through the 5th 2026 revealed he had an order from his Primary Care Provider for 0.4 mg daily. It was documented daily as not	A 025		

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A 025	Continued From page 17 available. Further review of resident #5's record found no documentation of notification of the Primary Care Physician (PCP). An audit of resident #5's medication with Registered Nurse (RN) F found was available in the medication cart. RN F could not explain why the medication was not being given. (Photo Evidence Obtained) Class I	A 025		
A 077 SS=J	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted,	A 077		

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A 077	Continued From page 18 as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the	A 077		

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A 077	Continued From page 19	A 077		

agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:
1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.
(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.
(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.

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A 077	Continued From page 20 (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-09393. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility's Administrator failed to supervise and maintain the management of all staff and failed to provide adequate supervision and monitor the general health, safety, and physical wellbeing of 1 of 4 sampled residents (#1). Findings: A review of resident #1's record revealed he was admitted on and moved in on . Prior to moving to the memory care building resident #1 lived in the Assisted Living Facility (ALF) across the street which shared the same Administrator. Resident #1's record contained a Resident Health Assessment (1823) dated . It had not been updated before or after moving into the memory care facility. risk was not documented on the 1823, though he had four unwitnessed prior to moving to the memory care facility. Further review of resident #1's record revealed a Personal Service Plan (care plan) dated . One and a half months before he moved to	A 077		

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A 077	Continued From page 21 memory care on . No resident specific mitigating interventions were documented on the plan. After transferring to the memory care facility, resident #1 sustained four more unwitnessed . Three of those resulted in him being transferred to the hospital emergency room for a higher level of care. The last on resulted in resident #1 transferring to the hospital where he was diagnosed with an . An is a ...it causes to pool between your and . It prevents from reaching your . (retrieved from https://my.clevelandclinic.org on). As a result, resident #1 , on . On at 2:55 PM, the Administrator confirmed he had not conducted any investigations or delegated the task after incidents involving resident #1's . He confirmed resident #1's 1823 was not completed or updated after moving to the memory care building. The Administrator confirmed that risk was not documented on resident #1's 1823. He also confirmed there was no Personal Service Plan initiated when resident #1 was moved into memory care (per their policy). He said they just sent his record from the ALF but did not update it when he moved into memory care even though the facilities are separately licensed. The Facility Management Policy updated , was reviewed and revealed a risk evaluation is to be completed at move in. A post evaluation should be completed for possible interventions to reduce the potential for future and injury.	A 077		

Agency for Health Care Administration

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A 077	Continued From page 22 Class I	A 077		