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
	AL11912077	A. BUILDING: _____ B. WING _____	03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PALM BEACH GARDENS	11381 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410

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A 000	Initial Comments An unannounced Complaint survey, #2026003293 was conducted at Brookdale Palm Beach Gardens on through . The facility had deficiencies at the time of the survey.	A 000		
A 025	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 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	A 025		

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A 025	Continued From page 1 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. This Statute or Rule is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to ensure adequate supervision to prevent a with serious injury for 1 of 2 sampled residents (Resident #10). The findings include: On at 4:38 PM, during a tour of the facility with the Executive Assistant (EA), a fresh spot of was observed in the hallway of the Memory Care (MC) unit near . The surveyor immediately initiated an inquiry. The EA reported that a resident had and had been transported to the hospital.	A 025		

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A 025	Continued From page 2 A review of the facility ' s incident log revealed that the incident had not yet been recorded. Review of Resident #10 ' s health assessment (AHCA Form 1823, dated) documented diagnoses of , , , and agitation. The assessment also indicated that Resident #10 was receiving hospice services and required assistance with all activities of daily living except ambulation, which she performed independently. The resident was described as very , very , and restless. At 6:55 PM on , Staff G reported that only two Certified Nursing Assistants (CNAs) and one Medication Technician were working in the Memory Care unit that day. Staff G stated that a majority of the residents required assistance , and that at least three of the 23 residents required one-to-one supervision. Staff G further reported that Resident #10 had experienced two that same day. At 7:15 PM, Staff C (CNA) confirmed insufficient staffing in the MC unit. Staff C stated that several residents required constant supervision and that due to inadequate staffing, Resident #10 and was subsequently sent to the hospital. Staff C also stated that following Resident #10 ' s first earlier that day, one-to-one supervision was not implemented. Staff reported they were instructed that they could not prevent Resident #10 from walking. At 7:30 PM, Staff Q (CNA) reported that the MC unit typically had two CNAs, but on this day three were present, though she was unsure why. Staff Q stated that staff had repeatedly expressed concerns about insufficient staffing, but these concerns were not addressed.	A 025		

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A 025	Continued From page 3 On at approximately 9:45 AM, Resident #10 was observed walking and forth (pacing) in the MC unit with visible marks on the left side of her , and . The Wellness Director (WD) was interviewed on at 11:35 AM and stated she was new to the organization and had made staffing changes, including terminating some employees.The WD acknowledged the need for additional staff and stated recruitment was in progress, though the hiring process takes time. The WD confirmed that Resident #10 sustained a resulting in a left orbital . She did not identify any specific interventions implemented to prevent further . The WD also stated she requested one-to-one supervision from hospice after the second , but hospice declined, stating the resident did not meet criteria for crisis care. Review of the incident reports revealed Resident #10's first occurred on at 8:30 AM, the was unwitnessed. By 12:00 PM, Resident #10 a second time and sustained serious injuries to her left , . At 12:40 PM, on PM, a hospice staff member reported being present to monitor Resident #10. However, the hospice staff was seated near the east-side exit door of the MC unit and was not directly supervising the resident, who sat in a chair while in activities in the courtyard of the Memory Care Unit. . During the exit conference on at 4:33 PM, these findings were discussed with the Administrator. Class II	A 025		

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A 052	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 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	A 052		

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A 052	Continued From page 5 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 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 of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or 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	A 052		

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A 052	Continued From page 6 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self 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	A 052		

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A 052	Continued From page 7 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 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 observations, review of residents' records, and staff and resident interviews, it was determined that the facility failed to provide timely assistance with the self-administration of medications for 12 of the 21 sampled residents (Resident #6, #7, #12, #13, #14, #15, #16, #17, #18, #19, #20, & #21). The findings include: On . , at approximately 10:00 a.m., Staff G was observed assisting residents with the self-administration of medications in the memory care unit. Two of the four sampled residents	A 052		

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A 052	Continued From page 8 (Residents #6 and #7) received their medications at 10:09 a.m. and 10:14 a.m., respectively. Resident #6, who resides in the memory care unit, has a diagnosis of and requires medication at specific times. Review of Resident #6's Medication Observation Record (MOR) documented the following prescribed medication: , 15 mg, one tablet by twice daily at 8:00 a.m. and 3:00 p.m., for . Review of the resident's health assessment (AHCA Form 1823), dated , , confirmed the diagnosis of with behavioral disturbance. Resident #7, who resides in the assisted living unit, is diagnosed with a , ( ) and requires assistance with self-administration of medications, as documented in her health assessment dated , . Physician orders dated , , , indicated that Resident #7, who also has a diagnosis, required assistance with applying 0.01% cream nightly at bedtime. During an interview conducted on , , at 8:45 p.m., Resident #5 (the husband of Resident #7 and a resident of the facility) reported that he had made several requests for assistance in administering Resident #7's medication. He stated that his requests went unanswered. Resident #5 provided evidence showing he had communicated these concerns to the facility administration but did not receive a resolution. During an interview on , at 9:00 p.m., the night staff member (Staff H) assigned to assist Resident #7 confirmed that the resident's	A 052		

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A 052	Continued From page 9 medication had not been administered. Staff H explained that they had been instructed to have the resident ' s husband administer the medication that evening. On . , at 9:36 a.m.. Staff T, a Medical Technician was observed assisting residents with medication self-administration. Review of the MOR revealed that eight of the residents (#12, 13, 14, 15, 16, 17, 18, and 19) scheduled to receive their medications at 7:00 a.m and 8:00 a.m., did not yet received their medications. All the aforementioned residents required assistance with self-administration of medications. Staff T explained thereafter that she reported to work at 7:00 a.m., ready to perform her duty, but she was asked to assist the two CNAs on the unit with residents' morning care and to also assist with dining services. Consequently, she started passing medications late. At 9:42 a.m., on . , Staff O, a Licensed Practical Nurse (LPN) was observed assisting Residents in the memory care unit with the self-administration of their medications. Review of the electronic MOR revealed that the medications for thirteen out of the tweenty two residents in the MC were marked late. Notably Resident #20 and Resident #21 had medications ordered to be taken at 7:30 a.m., and 8:00 a.m., but they respectively received their medications at 10:09 a.m, and 10:14 a.m. Staff O explained at 9:45 a.m.on that same day that the medicaitons are late because she was waiting for the residents to finish their breakfast which was also given out late.	A 052		

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A 052	Continued From page 10 In a follow-up interview on , at 3:30 p.m., the Executive Director (ED) and Executive Director Assistant stated they were not aware of Resident #5 ' s complaint regarding Resident #7's prescribed cream. The ED asserted she had not been informed of the issue. However, review of a letter dated , , addressed to the ED from her Assistant, indicated in line item nine that Resident #5 had been complaining that Resident #7's cream was not being administered. During the exit conference on , at 4:33 p.m., the surveyor discussed these findings with the administrative staff. No additional information was provided. Class III	A 052		
A 160	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	A 160		

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A 160	Continued From page 11 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 , ; 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 . (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). (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 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and	A 160		

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A 160	Continued From page 12 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 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	A 160		

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A 160	Continued From page 13 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: Based on record review and staff interviews, the facility failed to maintain documentation of grievances and a incident for 2 of 2 sampled residents (Resident #7 and Resident #10). The findings include: During an interview conducted on , , at 8:50 p.m., an anonymous individual (AI) reported that the facility had not addressed their complaints regarding Resident #7 who resides at the facility. The AI stated they had also contacted the corporate office; however, their care-related concerns remained unresolved. On , at 7:15 p.m., Staff R, a Certified Nursing Assistant reported that Resident #10 experienced two on the same day, resulting in the resident being transported to the hospital. Staff R also stated that Resident #10 is generally able to ambulate independently. At 7:25 p.m., Staff F confirmed that Resident #10 had sustained two . Staff F explained that Resident #10 required closer supervision due to restlessness and continuous ambulation. On , at 3:30 p.m., the Administrator was asked to provide the facility ' s incident and grievance logs. Review of the grievance log revealed only two documented grievances for the period of through , with one grievance recorded each month. Review of the incident log showed twenty-two incidents documented between , and ; however, Resident	A 160		

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	AL11912077	A. BUILDING: _____ B. WING _____	03/31/2026

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A	Continued From page 14 #10's on , was not recorded. During the same interview, the Administrator stated she had not been informed of any grievances related to Resident #7. However, review of a copy of the email sent to the Administrator showed that Resident #7's grievance was emailed to her on , , at 2:51 p.m. Therefore, the grievances reported regarding Resident #7 were not documented in the grievance log. The Administrator further stated that if every reported complaint were recorded, the grievance log would become too large or "voluminous." No additional information was provided by the Administrator during the exit conference held on , . Class III	A 160		

Agency for Health Care Administration

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ZZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

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ZZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	ZZ830		

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ZZ830	Continued From page 2	ZZ830		

approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and staff interviews, the facility failed to obtain an approved Comprehensive Emergency Management Plan (CEMP), as required to ensure the safety of the residents in the facility (the Memory Care and the Assisted Living).

The findings include:

On , at 3:45 PM, the Executive Director of the facility told the Surveyor there were three seprate units at the facility, indepent, memory care. and assisted living unit. She also informed that there were a total of 92 residents at the facility.

The Executive Director was asked to provide evidence of the facility's approved CEMP. She stated that the plan had been submitted and had not yet been approved. She further explained that the facility's County Emergency has not been approved since 2023.

Review of the facility ' s previously approved CEMP showed it expired . The last resubmission of the emergency was on . The ED said the new application was rejected in . The facility was then informed to start the process anew. The ED said she attended the required class on . However, she still has not resubmitted the CEMP application for approval

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ZZ830	Continued From page 3 During the exit meeting, the Administrator did not provide any additional information. Unclassified .	ZZ830		