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 |
|---|---|---|---|
| | AL11964490 | A. BUILDING: _____ B. WING _____ | 02/28/2024 |

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| CZ816 | 408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation<br><br>408.809 Background screening; prohibited offenses.-<br>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation's national retained print arrest notification program. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit fingerprints electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print arrest notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or | CZ816 | | |

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| CZ816 | Continued From page 1<br><br>professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:<br>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;<br>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and<br>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.<br><br>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:<br>(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.<br><br>59A-35.090 Background Screening.<br>(2) Processing Screening Requests, Required Documents and Fees.<br>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, January 2017, herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service | CZ816 | | |

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| CZ816 | Continued From page 2<br><br>s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if arrested for any disqualifying offense.<br>(e) An administrator or chief financial officer must be screened and qualified prior to appointment to the position.<br>(3) Results of Screening and Notification.<br>(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.<br>(b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the arrest report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on employee record review and staff interview, the facility failed to ensure 1 of 4 employees (Employee C) completed and signed the Attestation of Compliance with Background Screening Requirements, AHCA Form | CZ816 | | |

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| CZ816 | Continued From page 3<br>3100-0008.<br><br>The findings include:<br><br>Record review of the employee file for Employee C, hired 9/11/2016, found no evidence of a signed Attestation of Compliance in the employee file.<br><br>The Administrator was notified of the missing information on 2/28/2024 at 11:40 AM. During an interview with the Administrator on 2/28/2024 at 12:20 PM, she confirmed the facility did not have a signed attestation for Employee C.<br><br>Unclassified | CZ816 | | |
| A 000 | Initial Comments<br><br>An abbreviated relicensure survey with limited nursing services monitoring and complaint investigation (complaint number 2022011065) was conducted at Brookdale Deland on February 28, 2024.<br><br>The facility had deficiencies at the time of the investigation. | A 000 | | |
| A 032 | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(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 | A 032 | | |

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| A 032 | Continued From page 4<br>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.<br>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.<br>2. The facility must have a photo identification of at risk residents on file that is accessible to all 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.<br>(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:<br>1. An immediate search of the facility and premises,<br>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including | A 032 | | |

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| A 032 | Continued From page 5<br><br>specific duties and responsibilities,<br>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,<br>4. The continued care of all residents within the facility in the event of an elopement.<br>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure 2 of 3 employees reviewedparticipated in facility elopement drills twice a year (Employee C and D).<br><br>The findings include:<br><br>Record review of the elopement drills provided by the facility found Employee B, hired 2/9/2015, participated in one drill on 10/9/2023 and Employee C, hired 9/11/2016, did not participate in any elopement drills.<br><br>The findings were confirmed during an interview with the Administrator on 2/28/2024 at 3:26 PM. She stated the facility was doing elopement drills on a regular basis but misunderstood who was required to participate.<br><br>Class III | A 032 | | |
| A 083 | 59A-36.011(5) FAC Training - First Aid and CPR<br><br>(5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who | A 083 | | |

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| A 083 | Continued From page 6<br><br>has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times.<br>(a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person, that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.<br>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on staff interviews and record review, the facility failed to ensure a staff member with current First Aid and Cardiopulmonary Resuscitation (CPR) training always working in the facility to ensure the safety of the 87 residents.<br><br>The findings include:<br><br>facility records showed that Employee C worked the 11:00 PM to 7:00 AM shift at the facility as a Caregiver. Record review of Employee C's file found no evidence of First Aid or CPR training. The Administrator was notified of the missing training on 2/28/2024 at 11:40 AM and asked to provide evidence someone was always working with current CPR and First Aid training during the | A 083 | | |

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| A 083 | Continued From page 7<br><br>11:00 PM to 7:00 AM shift.<br><br>On 2/28/2024 at 2:00 PM a review of the employees scheduled on the 11:00 PM to 7:00 AM was reviewed with the Health and Wellness Director and the employees schedule from 2/16/2024 through 2/28/2024 were reviewed.<br><br>The schedule showed on 2/16/2024 Employee C worked the 11:00 PM to 7:00 AM shift. There were no other employees in memory care or the Assisted Living part of the facility with CPR and First Aid credentials. This also occurred on 2/23/2024 and 2/24/2024.<br><br>On 2/19/2024 there was one other employee that had CPR training but did not have First Aid training. On 2/21/2024 the facility had two employees who had CPR training and no First Aid training. This occurred again on 2/23/2024, 2/24/2024, 2/25/2024, and was scheduled to happen on 2/28/2024.<br><br>Class III | A 083 | | |
| A 087 | 58A-5.0194 FAC Alzheimer's Training - Prov & Curriculum Appr<br><br>(1) The Alzheimer's Disease or Related Disorders ("ADRD") training provider and curriculum must be approved by the department or its designee before commencing training activities. The department or its designee will maintain a list of approved ADRD training providers and curricula, which may be obtained from http://usfweb3.usf.edu/trainingonAging/default.aspx.<br>(a) ADRD Training Providers.<br>1. Individuals who seek to become an ADRD | A 087 | | |

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| A 087 | Continued From page 8<br>training provider must provide the department or its designee with the documentation of the following educational, teaching, or practical experience:<br>a. A Master's degree from an accredited college or university in a health care, human service, or gerontology related field; or<br>b. A Bachelor's degree from an accredited college or university, or licensure as a registered nurse, and:<br>(I) Proof of 1 year of teaching experience as an educator of caregivers for individuals with Alzheimer's disease or related disorders; or<br>(II) Proof of completion of a specialized training program specifically relating to Alzheimer's disease or related disorders, and a minimum of 2 years of practical experience in a program providing direct care to individuals with Alzheimer's disease or related disorders; or<br>(III) Proof of 3 years of practical experience in a program providing direct care to persons with Alzheimer's disease or related disorders.<br>c. Teaching experience pertaining to Alzheimer's disease or related disorders may substitute on a year-by-year basis for the required Bachelor's degree.<br>2. Applicants seeking approval as ADRD training providers must complete DOEA form ALF/ADRD-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification, dated November 2013, which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04000.<br>(b) ADRD Training Curricula. Applicants seeking approval of ADRD curricula must complete DOEA | A 087 | | |

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| A 087 | Continued From page 9<br><br>form ALF/ADRD-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification, dated November 2013, which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at http://www.flrules.org/Gateway/reference.asp?No=Ref-04001. Approval of the curriculum will be granted based on how well the curriculum addresses the subject areas referenced in subparagraphs 58A-5.0191(4)(a)2. and 58A-5.0191(4)(a)5., F.A.C. Curriculum approval will be granted for 3 years. After 3 years the curriculum must be resubmitted to the department or its designee for approval.<br>(2) Approved ADRD training providers must maintain records of each course taught for a period of 3 years following each training presentation. Course records must include the title of the approved ADRD training curriculum, the curriculum approval number, the number of hours of training, the training provider's name and approval number, the date and location of the course, and a roster of trainees.<br>(3) Upon successful completion of training, the trainee must be issued a certificate by the approved training provider. The certificate must include the trainee's name, the title of the approved ADRD training, the curriculum approval number, the number of hours of training received, the date and location of the course, the training provider's name and approval number, and dated signature.<br>(4) The department or its designee reserves the right to attend and monitor ADRD training courses, review records and course materials approved pursuant to this rule, and revoke approval for the following reasons: | A 087 | | |

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| A 087 | Continued From page 10<br><br>non-adherence to approved curriculum, failing to maintain required training credentials, or knowingly disseminating any false or misleading information.<br>(5) ADRD training providers satisfying the requirements of Section 400.1755, F.S., relating to nursing homes, and Section 400.6045, F.S., relating to hospices, will satisfy the Level 1 and Level 2 training provider requirements of subparagraph 58A-5.0191(4)(a)3. and paragraph 58A-5.0191(4)(a), subsection (5), F.A.C. ADRD training curricula satisfying the requirements of Section 400.1755, F.S., relating to nursing homes, and Section 400.6045, F.S., relating to hospices, will satisfy the Level 1 curriculum requirements of subparagraph 58A-5.0191(4)(a)3., F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to ensure 1 of 3 employees completed the required Level I and Level II Alzheimer's training.<br><br>The findings include:<br><br>Record review of the employee file for Employee C, Caregiver, hired 9/11/2016, found no evidence of Level I or Level II Alzheimer's training.<br><br>The findings were confirmed during an interview with the Administrator on 2/28/2024 at 11:40 AM. She was notified of there was no evidence of the training in the employee file and she stated Employee C had not completed the training.<br><br>Class III | A 087 | | |