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
	AL11964856	A. BUILDING: _____ B. WING _____	09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TEQUESTA	211 VILLAGE BLVD TEQUESTA, FL 33469

(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 (#2026008667 & #2026015857) and a Generator Monitoring survey were conducted on , , at Brookdale Tequesta. The facility had deficiencies that were related to Complaint #2026008667 identified at the time of the visit.	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 025		

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A 025	Continued From page 1 (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 changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure adequate assistance or supervision with activities of daily living (ADLs) was provided to prevent for 1 of 3 sampled residents (Resident #1). The findings included: Resident #1 was admitted to the facility on with a health assessment (AHCA Form 1823) dated that notes diagnoses including "history of " and , physical limitations include "ambulatory	A 025		

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A 025	Continued From page 2	A 025		

with rolling walker", and requires "supervision" with ambulation, transferring and toileting and "assistance" with . The resident's Service Plan dated documents that the resident requires assistance with , and grooming, uses a walker, and requires assistance going to and from the dining room. The plan does not include assisting or supervising the resident with toileting. The plan lists preventions including use of a high-rise toilet seat, a low bed, a scoop mattress, familiarity with the call bell system, and consideration of medications. The Progress Notes and an Adverse Incident Report indicate the resident sustained the following .

a. 6:20 AM Found on floor at bathroom entrance (adverse incident report completed)
b. 7:24 PM Found on floor in the bathroom, on self
c. 12:29 PM Found on floor near chair in dining room
d. 10:22 AM Found on floor near bed.
Resident narrative indicated "go to the bathroom, think the blanket is too slippery"

The Progress Notes did not include interventions for prevention of other than , , and , that the resident had already been attending since admission. The Adverse Incident Report for the on notes that the facility will implement more frequent rounding, monitoring for gait disturbances, encourage use of the walker, and , , . "More frequent" rounding and monitoring gait were not measurable interventions. Encouraging use of the walker and , , were not specific for this resident, as she was already using the walker and

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A 025	Continued From page 3 receiving , , , . A nurse's note dated following the documents that the "brake on the walker is currently not working". Another nurse's note dated documents that the resident "is reminded to use call light for assistance". Review of the resident's health assessment (AHCA Form 1823) dated notes that the resident's diagnoses include , Body and a history of . The assessment documents that the resident requires assistance with , and supervision with ambulation, transferring and toileting. Resident #1 was observed at approximately 1:00 PM on standing at the entrance of her bathroom with her walker nearby. The resident motioned towards her comforter on her bed and indicated that it was difficult to get off of the bed, possibly due to the . The resident also pointed to her button and zipper on her pants when asked if she needed to use the restroom, showing that she was not able to undress herself. During interview with the Health and Wellness Director who was present at this time, she acknowledged that the resident was not on a toileting program that was offered at the facility. She stated this program ensures staff will supervise and/or assist the resident at scheduled times as needed for toileting. She confirmed that the resident walks on her own to the bathroom to toilet herself without assistance, and that there were no call bells or pendants available for the resident to alert staff of a need for assistance. The resident's room was observed with no scoop mattress or low bed, and no high-rise toilet seat. The resident's walker was also observed with brakes.	A 025		

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A 025	Continued From page 4 The facility's Mobility Assistive Devices Policy and Procedure states that the community maintenance technician is responsible for conducted quarterly evaluations of the residents' mobility devices to determine the overall physical condition and make any recommendations for repair. There was no indication of follow up from the identified repair needed of Resident #1's walker on . The facility's Management and Recovery Policy and Procedure requires that all should have an evaluation to consider possible interventions to reduce the potential for future and injury. When the evaluation is completed, individualized interventions are considered and the Service Plan is updated to include resident specific interventions. It also notes that the are "tracked and trended". The Administrator and Health and Wellness Director were notified of these findings on at 2:15 PM. The facility provided no additional information for review at the time of the survey. Class III	A 025		

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ZZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information,

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ZZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	ZZ875		

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ZZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure that 1 of 3 sampled staff (Staff C), in this facility that advertises and provides special care for persons with or related forms of (ADRD), had completed the required training in ADRD. The findings included: The personnel file for Staff C was reviewed on for training in ADRD and did not contain documentation of all required training. Staff C was hired on . Staff C was required to complete 4 hours of training annually	ZZ875		

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ZZ875	Continued From page 4 in ADRD. Staff C had a certificate showing 1 hour of training completed on and .5 hours of training on . There was no training documented in 2025. The Administrator was notified of these findings at 2:10 PM on . The facility provided no additional documentation for review at the time of the survey. Review of the facility's website confirmed the facility is a Memory Care facility and advertises as such. Unclassified	ZZ875		