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
	AL11932514	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSHIRE (THE)	**85 BULLDOG BLVD. MELBOURNE, FL 32901**

(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 . . . . . conducted Assisted Living Facility complaint inspection CCR#2012013585. An allegation was substantiated. The facility was not in compliance with the Settlement Agreement with AHCA dated There were deficiencies found at the time of the visit.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, 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 individual. (c) 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; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents,	A 025		

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A 025	Continued From page 1 changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on resident record and medication review and interview the facility failed to ensure medication were given as directed by the healthcare provider and available at all times for 3 of 10 sampled residents (#2, #3 & #4). Findings: 1. Interview with resident #2 stated at approximately 4 PM in his stated that he ran out of and time release every 8 hrs. He used a small town pharmacy. This was the fourth time since last that he had medication issues. The resident was alert and oriented. The staff who worked the 3rd floor med cart on the 3-11 shift stated at approximately 4:15 PM stated the overflow of meds were kept in the 1st floor med it was the nurses who ordered medications. Medication review for resident # 2 revealed the following medications: HCL15 mg one every 5 hr. As needed - pack 2 of 4 packs (30 of 120) Zalepon 10 mg one at bedtime. ETER 60 mg one every 8 hrs. As directed 1 of 3 packs Savella 50 mg one with meals 10 mg one 4 packs dated 1000 mg 2 of 2 packs - last in use 4 packs dated 10 mg one 4 hrs. As needed	A 025		

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A 025	Continued From page 2 2 packs dated 5 mg 2 every 6 hr. As needed for pain There was also a bubble pack of dated that contained one pill. Record review for resident #2 at approximately 5 PM revealed a prescription dated that indicated 15 mg take 1 tablet every 6 hr. dispense 120 -refills zero. Prescription void after 7 days. Another dated indicated 40 mg Controlled release take 1 every 8 hrs. By mouth. Dispense 90, no refills Prescription void after 7 days. Diagnosis low back pain Advanced Registered Nurse Practitioner (ARNP) note dated indicated due to increase pain increase level of to 40 mg three times a day. Office visit report dated listed diagnoses of degenerative disk Able to bathe, dress and feed self, has control, has and The 2013 Medication Observation Record (MOR) indicated: 25 mg half-tablet twice daily @ 9 AM and 5 PM and had staff initials circled from to @ 5 PM and from to @ 9 AM. The back page of the MOR indicated awaiting delivery" for those dates circled. The 2013 MOR indicated: 30 mg one every 8 hours at 6 AM, 2 PM and 10 PM and had staff initials circled on 2/1 at 10 PM and 2/2/at 6 AM. 30 mg was documented given every 8 hours from 2/8 to and on at 2 PM, although a doctor's order dated indicated to increase to 40 mg. The MOR indicated, as evident by staff initials that the 40 mg dosage was started on at 6 AM and was blank on at 2 PM. The back page of the MOR indicated for 30 mg on 2/1 and 2/2 "awaiting delivery". 10 mg	A 025		

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A 025	Continued From page 3 at bedtime had staff initials circled from ... to ... and was blank on ... The back page of the MOR indicated from ... to ... "awaiting delivery". The ... 2013 MOR indicated: ... 10 mg one twice daily @ 9 AM and 5 PM and had staff initials circled on 3/2 @ 5 PM, 3/3 & 3/4 AM and PM, the back page of the MOR indicated "awaiting delivery". ... mg one twice daily at 9 AM and 5 PM had staff initials circled on 3/5 PM & 3/6 AM & PM. The back page of the MOR indicated "not given, awaiting delivery" The Director of Clinical Services stated at approximately 5:30 PM that the insurance turned down the refill because a new script was needed. The resident went to doctor one week ago. 2. Interview with resident # 4 in her ... stated at approximately 12:50 PM she stated that she had problem getting her ... She further stated that very often she ran out. They would not order her medication before it ran out and she could not understand why, if she always needed it. Record review for resident #4 at approximately 2 PM revealed the following: MOR dated ... 2013 indicated ... 50 mcg one spray to each nostril twice daily at 9 AM & 5 PM had staff initials circled from 3/1 to ... in the PM and from 3/1 to 3/8 and ... to ... and was blank on 3/9 and ... in the AM in AM. The back page of the MOR indicated not given awaiting delivery, waiting on pharmacy. MOR dated ... 2013 indicated ... 0.5 mg one three times daily as needed for ... and was marked as given twice on 3/2 and ... once on 3/7, 3/8, 3/9, ... and ... The controlled substance countdown record indicated ... was given once on 3/7 from 3/9,	A 025		

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A 025	Continued From page 4 and the medication was given twice on 3/8, and MOR dated 2013 indicated give 0.5 mg one three times daily as needed for and was blank on 1/7 and The MOR documented the medication was given once only on 1/9 and The controlled substance countdown record indicated was given once on 1/7 and twice on 1/9 and The nurse present during the medication review for resident #2 validated the findings that the one pill available today could have been given to the resident on 3/2 when they indicated the medication was not available. The Director of Clinical Services and the 2 staff nurses present stated at approximately 6 PM that the "med techs" had the responsibility to inform the nurses about refills but also to follow up to ensure there were there were refills stored in the first floor med follow up on the refills requests. 3. Resident record review for #3 revealed an 1823 dated that stated diagnoses of and history of small bowel obstruction. The resident was on hospice and needed assistance with self-administration of medications. The resident was observed on at approximately 11:55 AM in the dining Interview was attempted at that time and the resident had her eyes closed and did not speak. Review of physician order dated stated 20 milligrams daily. Review of physician order dated stated change to 10 milligrams (mg) every other daily. Review of the 2012 Medication Observation Record (MOR) revealed the 20 mg daily was discontinued on	A 025		

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A 025	Continued From page 5 : 10 mg daily (should state every other day) stated rewritten and was charted as given at 9 AM on : through . The . 10 mg every other day should have been given on , , , and . The back of the MOR stated on : and the . 10 mg was not available and not given. Interview with the nurse on at approximately 4 PM who stated the . : 10 mg was not given as ordered. Class II	A 025		
A 077	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall 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 adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and	A 077		

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A 077	Continued From page 6 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, Findings: Review of the online Facility/Provider Locator	A 077		

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A 077	Continued From page 7 Finder information revealed the administrator was not listed as the current administrator on the website. Interview with the administrator on at approximately 1 PM who stated she had been the administrator since and stated she would have the change of administrator form submitted on . Class III	A 077		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Brookshire (the)
85 Bulldog Blvd.
Melbourne, FL 32901

Dear Administrator:

Re: CCR #2012013585

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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