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 _____	06/05/2019

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

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CZ821 SS=C	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; and, (f) Approval of revisions to emergency management plans. (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 availiable 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	CZ821		

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CZ821	Continued From page 1 Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: a. Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 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 availiable 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. b. Liability claim reports required pursuant to section 429.23(5), F.S., and rule 58A-5.0242, F.A.C. 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 availiable 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	CZ821		

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CZ821	Continued From page 2 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 availiable 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. (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 resident record review and interview, the facility failed to electronically submit a 1-day and full 15-day Adverse incident report to Agency for Health Care Administration (AHCA) as required pursuant to Sections 429.23(3) and (4) Florida Statutes (F.S.). Findings: Resident #13's record review revealed admission date and located in the secured Memory Care unit with diagnosis of ,	CZ821		

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CZ821	Continued From page 3 hearing [illegible] and abnormalities of gait & mobility. An adverse incident occurred on [illegible] according to the Hospice documentation reflected that resident #13 had [illegible]. An Health Assessment, AHCA Form 1823 dated [illegible] reflected that resident #13 needs assistance with all activity of daily living (ADLs) except for supervision for eating and [illegible]. There was no facility documentation about this concern and no evidence that a 1-day and full 15-day adverse incident was electronically submitted to AHCA agency. On [illegible] at 5:24 PM, an interview with staff H who acknowledged the incident with resident #13 did happen but she was not working on that day. It was reported to her when she returned to work next day. Staff H further explained that due to resident #13's higher level of care required because at risk for [illegible], and hospice services he moved from the Assisted Living to the secured Memory Care unit. When moving resident #13 and his belongings from Assisted Living into Memory Care, there was a shaving bag with a razor inside, and resident #13 found his shaving bag and razor to cut his [illegible]. Staff H stated that she was told the police and first responder was called to the facility. Staff H confirmed that the facility had no documentation of this incident that occurred and was unknown of the exact day it happened. On [illegible] at 5:45 PM, an interview with Administrator confirmed the finding and stated that she was not aware of this incident and it happened prior to her being hired.	CZ821		

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CZ821	Continued From page 4 Unclassified	CZ821		
A 000	Initial Comments A complaint investigation #2019005974 was conducted at The Brookshire Assisted Living Facility with Extended Congregate Care (ECC) and Limited Nursing Services (LNS) on , , , and . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must 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 shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 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 58A-5.020, F.A.C.	A 025		

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A 025	Continued From page 5 (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, resident record review and interview, the facility failed to have written documentation for significant change and any provisions for additional services rendered for 2 of 2 sampled residents (#13 & #14). Findings: On , resident #13's record review revealed Hospice documentation dated . . . . . for monitoring for . No other documented evidence found on file provided by the facility that addressed this concern. A Health Assessment, AHCA Form 1823 dated . . . . . reflected that resident #13 has , hearing , , , ,	A 025		

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A 025	Continued From page 6 , , , and abnormality of gait mobility. Resident #13 need assistance with all activity of daily living (ADLs) except for supervision for eating and . On at 5:24 PM, an interview with staff H who acknowledged the incident with resident #13 did happen but she was not working on that day. It was reported to her when she returned to work next day. Staff H further explained that due to resident #13's higher level of care required because at risk for , , and hospice services he moved from the Assisted Living to the secured Memory Care unit. When moving resident #13 and his belongings from Assisted Living into Memory Care, there was a shaving bag with a razor inside, and resident #13 found his shaving bag and razor to cut his . Staff H stated that she was told the police and first responder was called to the facility. Staff H confirmed that the facility had no documentation of this incident that occurred and was unknown of the exact day it happened. On at 5:45 PM, an interview with Administrator confirmed the finding and stated that this incident happened prior to her being hired as the administrator. She explained she had no knowledge of the above incident. On at 1 PM resident#14 said she had a large on her and had not received any type of care. She said the nurse looked at it. She said it was two weeks ago and has not received treatment for it. On at 2:15 PM the Director of Nursing (DON) was asked if she had observed the , the DON said at the time she observed the last week, she could not remember	A 025		

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A 025	Continued From page 7 the date. The DON explained that the resident was . She was asked if she had contacted the health care provider regarding treatment. The DON she said at the time she called home health and asked if the resident received care from their agency and she said she was told they only provided resident #14 , , . She was asked if she had contacted the health care provider and she said she had not only home health agency. Record review for resident #14 revealed there was no documentation that the DON had observed the that the resident said she had and that the health care provider was contacted as required for treatment. Further record review revealed there were hospital emergency room records that were dated and , further record review revealed there was no documentation of the hospital visit and what had transpired and if the health care provider was notified. On . . . . . at 3 PM, the administrator confirmed the findings. Class III	A 025		