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
	AL11964916	A. BUILDING: _____ B. WING _____	06/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	8220 JOG ROAD BOYNTON BEACH, FL 33437

(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 A Limited Nursing Services Monitoring Visit survey was conducted on . . . . at Brookdale West Boynton Beach, License # 9384. The facility had a deficiency identified at the time of the visit.	A 000		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of	A 010		

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A 010	Continued From page 1 the resident are being met. 58A-5.0181 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions	A 010		

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A 010	Continued From page 2 are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure a resident met the criteria for continued residency, for 1 of 1 residents (Resident #1). As evidence of the facility failure to reassess the	A 010		

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A 010	Continued From page 3 resident after signficant health changes and coordinate required services for care. The findings include: Upon arrival to the facility the surveyor requested a list of the current census and identification of all residents on Hospice, LNS Services and or received Home Health Care Services, The Health and Wellness Director stated that there was one resident receiving Home Health Care Services for a on both , . The Surveyor asked what services the Home Health Nurse provided? The Director stated that the agency nurse was with the resident at that time and the resident received daily care. The Director confirmed that neither she nor her nurses had observed the . This surveyor and the Director went up to the resident's room to conduct an observation and interview with the Home Health Nurse. Upon entrance to the room, the resident was observed lying in her bed on her . The surveyor requested to observe the , . The nurse complied and removed the from the Resident# 1's right , . The was circular in shape and covered with 100 % green . The surveyor asked the Home Health Nurse if the was a . She stated, " It is at least a ". The was a full thickness and untraceable due to the thick covering of green sough and failure to blanche around the area. No measurements were known to the nurse. However, it appeared to be approximately 2.5 inches in circumference. The nurse stated that the measurements are taken by the Care Physician on Friday when he visits and that she did not know how to stage a , . The resident also had a similar to the left , . The Wellness Director then stated that the resident's daughter was coming in about a week	A 010		

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A 010	Continued From page 4 to take the resident to her home state. The Wellness Director confirmed that the right was not a , but was a full thickness, untraceable . She then confirmed that the resident no longer met criteria for admission. A call was placed to the Home Health Agency Supervisor who confirmed that current documentation indicated the two were a . There was no Home Health Documentation in the resident's chart. The Home Health Supervisor was asked to fax all documentation of the from the onset of services to the present to the facility for surveyor review. A review of the Health Assessment (AHCA 1823 form) dated on admission reveals that Resident # 1 did not have any , on admission. The resident's mobility was limited to a wheelchair due to gait and balance . A subsequent AHCA 1823 form dated revealed that the resident now required Home Health Nurse for care. Review of the documentation provided by the Home Health Agency dated revealed the following: a) : Left , untraceable right , b) : Left , is 4 x 3.5 cm. x 0.3 cm. The purple, left , c) : , to left , is untraceable, covered with tissue, right hp untraceable. d) : Both , are now open per home health nurse. (facility notes) e) : Care MD consult f) : 0.8 x 0.8 x 0.3 cm full thickness,	A 010		

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A 010	Continued From page 5 g) . . . . . : 50 to 75 % . . . . . 2.6 x 2.5 brown eschar right , , The Health and Wellness Director confirmed that the , , ... originated while the resident was in the facility and that Home Health Service were initiated on . . . . for . . . . . . The facility did not have documentation of the . . . . . or it's progression in their records. The facility was unaware that the . . . . had continued to deteriorate to untraceable level and had tissue present. The facility staff failed to ensure coordination of services with the Home Health agency; as evidenced by their lack of knowledge of the status and continued deterioration. An interview was conducted with the Administrator and the Health and Wellness Director on at 3:39 PM. The Administrator confirmed that Resident #1 no longer met criteria for admission on when the , ... continued to deteriorate to untraceable level. She also confirmed that the Discharge Notice had not been issued when the . . . . . deteriorated to status on . A new AHCA form 1823 was not initiated until , 7 weeks after the change in condition. The Health and Wellness Director also confirmed that the facility failed to ensure coordination of services with the Home Heaith Agency. Class III	A 010		