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
	AL11963982	A. BUILDING: _____ B. WING _____	05/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE COLONIAL PARK	4730 BEE RIDGE ROAD SARASOTA, FL 34233

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the ... are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic ... submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ... ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure staff initial employment was reported on the facility employee roster within 10 days of employment as required for 4 (Staff A, D, E, and F) of 6 staff sampled. Employees not on the roster could enable	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 000	Initial Comments An unannounced biennial and limited nursing services survey was conducted on through at Brookdale Colonial Park, an assisted living facility in Sarasota, Florida. The following is description of the deficiencies found at the time of the visit.	A 000		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of	A 055		

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A 055	Continued From page 3 physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 58A-5.0181, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has	A 055		

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A 055	Continued From page 4 ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to insure properly store medications for 1 (Resident #14) of 5 resident rooms observed during interviews. Unsecured medication in an open room is subject to other resident coming in and taking the medications and could be adversely effected. The findings included: On . . . . 2:00 p.m., while making tour of the facility, Resident #14's door was found open and the resident was in her recliner on the far side of the room and appeared to be sleeping. While leaving the room when the resident did not wake up to calling her name, a large amount of prescription medication was noted all over the kitchen table. There were 5 filled pill organizers, 4	A 055		

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A 055	Continued From page 5 bottles of prescription medication in a baggie in a basket, and 2 pill cards filled with medication in the basket. Also noted on the table was an inhaler medication and an oblong pill that resembled a [illegible] pill in a shot glass in the middle of the table. On [illegible] at 2:03 p.m., in an interview with Med Tech Staff G, she said Resident #14 likes to keep her door open because she likes to watch the people walk by. She said the Resident feels more comfortable with her door open. Staff G also confirmed that Resident #14 is able to take her own medications. When asked if the medication should be out on the table if the door is open, Staff G acknowledged the medication should not be out. Staff G was then asked to go get the Health and Wellness Director and have her come to the Resident's room. On [illegible] at 2:11 p.m., the Health and Wellness Director came to the room and saw Resident #14 sleeping soundly in her recliner. The Wellness Director then called the resident by name and tapped her and she awoke. The Wellness Director asked Resident #14 about the medication on the table and what the pill was in the shot glass on the table. The resident said it was a strong [illegible] pill [illegible]. She said her daughter had put it there in case she had strong [illegible]. The Wellness Director and District Nurse then reviewed what medications were on the table in the pill organizers, in prescription bottles, pill cards, inhaler and single pill in shot glass. During record review of Resident #14 on [illegible], it was noted in the resident's current standing orders, sign off by a medical doctor (MD): [illegible] (controlled substance), Anoro [illegible] Aerosol	A 055		

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A 055	Continued From page 6 Powder Breath activated 62. mcg/INH, , 10 mg for , , , 325 mg, 20 mg for , and . The pill in the shot glass the resident said was a strong , pill , was not on the list of medication prescribed by the physician. On at 2:20 p.m., the Health and Wellness Director acknowledged Resident #14 is able to administer her own medication but she was unaware the resident liked to leave her apartment door open and that she kept her medication unsecured on her kitchen table. The Health and Wellness Director also confirmed that the current MD orders are what she observed on the table. She admitted the Resident should keep her medication in a locked drawer or cabinet if she did not want her door closed. Class III	A 055		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida	A 078		

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A 078	Continued From page 7 Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must:	A 078		

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A 078	Continued From page 8 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to have documentation of an annual negative ( ) statement for 3 (Staff A, B, and D) of 6 staff sampled. This has the potential for spread of a communicable . The findings included: 1. On , record review revealed Licensed Practical Nurse Staff A was hired on . There was no documented evidence of Staff A being free from communicable since . 2. On , record review revealed the last documented evidence of freedom from statement for Medication Technician Staff B was on . 3. On , record review revealed the last documented evidence of freedom from statement for Wellness Director Staff B was on . 4. On at 11:22 a.m., the Business Office Coordinator confirmed the absence of a current annual freedom of statement for Staff A, B, and D. Class III	A 078		

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A 055	Continued From page 4 ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to insure properly store medications for 1 (Resident #14) of 5 resident rooms observed during interviews. Unsecured medication in an open room is subject to other resident coming in and taking the medications and could be adversely effected. The findings included: On . . . . 2:00 p.m., while making tour of the facility, Resident #14's door was found open and the resident was in her recliner on the far side of the room and appeared to be sleeping. While leaving the room when the resident did not wake up to calling her name, a large amount of prescription medication was noted all over the kitchen table. There were 5 filled pill organizers, 4	A 055		

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	AL11963982	A. BUILDING: _____ B. WING _____	05/07/2019

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A 055	Continued From page 5 bottles of prescription medication in a baggie in a basket, and 2 pill cards filled with medication in the basket. Also noted on the table was an inhaler medication and an oblong pill that resembled a [illegible] pill in a shot glass in the middle of the table. On [illegible] at 2:03 p.m., in an interview with Med Tech Staff G, she said Resident #14 likes to keep her door open because she likes to watch the people walk by. She said the Resident feels more comfortable with her door open. Staff G also confirmed that Resident #14 is able to take her own medications. When asked if the medication should be out on the table if the door is open, Staff G acknowledged the medication should not be out. Staff G was then asked to go get the Health and Wellness Director and have her come to the Resident's room. On [illegible] at 2:11 p.m., the Health and Wellness Director came to the room and saw Resident #14 sleeping soundly in her recliner. The Wellness Director then called the resident by name and tapped her and she awoke. The Wellness Director asked Resident #14 about the medication on the table and what the pill was in the shot glass on the table. The resident said it was a strong [illegible] pill [illegible]. She said her daughter had put it there in case she had strong [illegible]. The Wellness Director and District Nurse then reviewed what medications were on the table in the pill organizers, in prescription bottles, pill cards, inhaler and single pill in shot glass. During record review of Resident #14 on [illegible], it was noted in the resident's current standing orders, sign off by a medical doctor (MD): [illegible] (controlled substance), Anoro [illegible] Aerosol	A 055		

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A 055	Continued From page 6 Powder Breath activated 62. mcg/INH, , 10 mg for , , , 325 mg, 20 mg for , and . The pill in the shot glass the resident said was a strong , pill , was not on the list of medication prescribed by the physician. On at 2:20 p.m., the Health and Wellness Director acknowledged Resident #14 is able to administer her own medication but she was unaware the resident liked to leave her apartment door open and that she kept her medication unsecured on her kitchen table. The Health and Wellness Director also confirmed that the current MD orders are what she observed on the table. She admitted the Resident should keep her medication in a locked drawer or cabinet if she did not want her door closed. Class III	A 055		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida	A 078		

Agency for Health Care Administration

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A 078	Continued From page 7 Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must:	A 078		

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A 078	Continued From page 8 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to have documentation of an annual negative ( ) statement for 3 (Staff A, B, and D) of 6 staff sampled. This has the potential for spread of a communicable . The findings included: 1. On , record review revealed Licensed Practical Nurse Staff A was hired on . There was no documented evidence of Staff A being free from communicable since . 2. On , record review revealed the last documented evidence of freedom from statement for Medication Technician Staff B was on . 3. On , record review revealed the last documented evidence of freedom from statement for Wellness Director Staff B was on . 4. On at 11:22 a.m., the Business Office Coordinator confirmed the absence of a current annual freedom of statement for Staff A, B, and D. Class III	A 078		

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