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 _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BROOKSHIRE	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 A complaint investigation #2025015088 and a generator monitoring were conducted on at The Brookshire Assisted Living Facility. There was a deficiency identified at the time of the survey.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 1 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings On at 11:20 AM, an interview with resident #3 was conducted. There was a portable air conditioning (a/c) unit in her room. It was not on. The thermostat in the residents' room read 71 degrees. Resident #3 was observed to be dressed in a sleeveless house dress and no socks, slippers, or shoes. She stated the central a/c and heat did not work. She went on to say the a/c and heat had not worked for 12 months. She stated no one working at the facility had ever asked her to move to a room with a working a/c and heat system. Resident #3 stated in interview that she would like to move to a room with working a/c and heat. On at 12 PM, a tour of the facility with the Administrator was conducted. In resident #3's room it was noted to be 74 degrees with the AHCA approved thermometer. The Administrator turned on the heat in the room and set it to 74 degrees which resident #3 agreed to. After exiting the room, door still open, resident #3 turned the thermostat heater off. The	A 152		

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A 152	Continued From page 2 Administrator asked resident #3 why she turned it off and resident #3 replied because it does not work. Resident #3 was offered and agreed to move to another room that had functioning a/c and heat. On at 12:30 PM, the maintenance Director said there were 5 resident rooms that currently required portable a/c because the central a/c was not working. 312, 315, 316, 334, and 338. On at 12:54 PM, the Maintenance Director and the administrator confirmed there was no documentation of when the portable units were placed in the 5 resident rooms. They could not provide any timeline for when the facility a/c would be fixed. The Administrator confirmed she did not complete any grievances related to the a/c units. She again confirmed there had been no documentation of communication with the 5 residents with nonfunctioning central a/c. The Administrator could not provide a plan, policy, or timeline for when the central air would be fixed. Class III	A 152		