

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/18/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932514	(X3) DATE SURVEY COMPLETED 03/13/2014
NAME OF PROVIDER OR SUPPLIER Brookshire (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 85 Bulldog Blvd. Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-03/13/2014

0054-Medication - Records-03/13/2014

0055-Medication - Storage And Disposal-03/13/2014

0056-Medication - Labeling And Orders-03/13/2014

Specific Tag Findings:

0000-Initial Comments

A revisit survey was conducted on 03/13/2014 at The Brookshire Assisted Facility. Deficiencies are corrected. No new deficiencies are identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 18, 2014

Administrator
Brookshire, The
85 Bulldog Blvd.
Melbourne, FL 32901

RE: Revisit to CCR#2013011633

Dear Administrator:

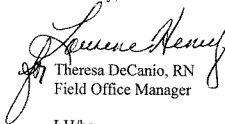
This letter reports the findings of a complaint investigation survey revisit conducted on March 13, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 (407) 420-2502.

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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