STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964789	R 05/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE BONITA SPRINGS	26850 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced follow-up to the Biennial and Limited Nursing Service (LNS) survey was completed on [redacted] at Brookdale Bonita Springs, an Assisted Living Facility (ALF) in Bonita Springs, Florida.

The following is description of the deficiency.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to document medications given to 4 (Residents #1, #5, #6, and #7) out of 8 residents reviewed on Medication Observation Record (MOR).

The findings include:

Review of the MOR for following residents revealed:

1. Record review for Resident #1 revealed, Medication [redacted] on [redacted] at 9:00 a.m. not charted as given.

2. Record review for Resident #5 revealed, Medication [redacted] on [redacted] at 12 noon not charted as given and no reason by Staff B.

3. Record review for Resident #6 revealed, [redacted] and K-Dur medication on [redacted] at 9:00 a.m. circled by Staff B, and reason noted "B" (medication not available). Medication containers for both medications shown to surveyor to be available on that date.

4. Record review Resident #7 revealed, Medication [redacted] on [redacted] at 9:00 a.m. not charted as given and no reason noted by Staff B.

During an interview with Executive Director on [redacted] at 2:30 p.m., she stated, "I will address this issue."

Class III

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11964789

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
5/6/2015

Name of Facility
BROOKDALE BONITA SPRINGS

Street Address, City, State, Zip Code
26850 SOUTH BAY DRIVE
BONITA SPRINGS, FL 34134

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC		ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC		ID Prefix **A0092** Reg. # **58A-5.020(1) FAC** LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency — **Reviewed By** Gradoty, HFES — **Date:** 5-15-15 — **Signature of Surveyor:** Claire McGillivray, RNS — **Date:** 5-15-15

Reviewed By CMS RO — **Reviewed By** — **Date:** — **Signature of Surveyor:** — **Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale Bonita Springs
26850 South Bay Drive
Bonita Springs, FL 34134

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on May 6, 2015 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

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