STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964789	**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 Complaint Survey, CCR# 2015001895 with two allegations, was conducted on [redacted] at Brookdale Bonita Springs, an Assisted Living Facility (ALF) in Bonita Springs, Florida.

The following is a description of the deficiencies.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview, the facility failed to maintain a clean and decent living environment for residents.

The findings include:

During Tour of facility on [redacted], hallways on all floors of Assisted Living Facility had large stains on carpets. The Activity [redacted] furniture against wall, and when pulled away from wall, dirt, debris and millipedes were noted.

During an interview with Staff A on [redacted] at 11:30 a.m., he said, "We spot clean carpets as needed; I did not know that the housekeepers were not cleaning under or behind furniture in Activity [redacted]

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to control Millipede infestation in facility.

The findings included:

1. During tour of facility on [redacted], live and [redacted] millipedes were noted in Activity [redacted] first floor of facility. Live millipedes were noted in hallway outside Activity [redacted] on second floor outside elevator.

2. During an interview on [redacted] at 11:00 a.m. the Executive Director said, "A few residents reported to me in [redacted] about the worms, and I contacted the pest control Company in [redacted], and they come monthly. They were here yesterday."

3. During an interview with pest control technician on [redacted] at 12:30 p.m., he said, "I come monthly to do pest control, but I can come more often if asked. If Millipedes are inside the building, they are probably coming in from the outside through the air conditioning vents."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR # 2015001895

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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) 3351315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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