STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965570	**05/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE ST	**150 MARINER HEALTH WAY ST , FL 32086**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR # 2015001879, was conducted on Brookdale St had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interview the facility failed to have an accurate health assessment for a Resident with pressure sores for 1 out of 3 sampled residents. (Resident #3).

The Findings Include:

Record review of the admission discharge log revealed Resident #3 was admitted to the facility on and was under Hospice Care. The Residents health assessment revealed with memory and Under service requirements non applicable (N/A) was documented. Under section C of the Health Assessment which asks if there were any ,3 or 4 pressure sores it was documented No.

An observation on at 11:50 am of Resident #3 left heel was conducted with the hospice nurse. The nurse removed the old dressing from the left heel. The was approximately 1cm round with an open area of approximately .5cm. The depth was not determined at that time.

During an interview on at 1:00 pm with the WD she stated that Resident #3 was recently admitted with a healing pressure She stated the was being treated by hospice. She confirmed that Resident #3's health assessment was incorrect and should have stated yes for any 3, or 4 pressure sores.

In an interview with the hospice nurse on at 2:15 PM, she reported that Resident #3 was admitted to the facility with a to the left heel.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale St.
150 Mariner Health Way
St FL 32086

RE: CCR #2015001879

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 8, 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 .

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

PM/JM/sm
Enclosure

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