STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932514	09/22/2015
NAME OF PROVIDER OR SUPPLIER **THE BROOKSHIRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **85 BULLDOG BLVD.** **MELBOURNE, FL 32901**	

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

0000 Initial Comments

A Complaint Investigation (CCR#2015010021) was conducted at The Brookshire Assisted Living Facility on in conjunction with CCR#2015006875 and the follow up to the Biennial survey. The Brookshire Assisted Living Facility had deficiencies at the time of the Investigation.

0078 Staffing Standards - Staff

Based on record review and interview the facility staff performed duties that were not consistent with their level of education, training, preparation and experience in that unlicensed personnel assisted with [illegible] (changed the [illegible] tank) for 1 of 2 sampled residents (#2).

Findings:

Record Review for Resident #2 revealed an Order dated for [illegible] 2 liters continuous.

During an interview with Staff A on at 1 PM, She stated when resident#2 first started on she was afraid to ask a nurse. Resident #2 was always stressed out about her [illegible]. She would get very nervous and think that she was out of [illegible], when at times she had plenty. Resident #2 would wait to ask for the [illegible] to be changed until she would see someone pass by. Staff A stated she changed the valve one time for the resident. She explained that she changed the valve on the because the nurse was busy with the medication count. Resident #2 came to her crying saying she think her [illegible] needed to be changed and she needed someone to change it. Staff A stated the [illegible] was almost empty and she did change the tank.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
The Brookshire
85 Bulldog Blvd.
Melbourne, FL 32901

RE: CCR #2015010021

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 2015 by representative(s) 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 [redacted]-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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