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 2015006875 was conducted at The Brookshire Assisted Living Facility from / through / in conjunction with complaint investigation CCR#2015010021 and a follow-up to the biennial survey. Deficient practice was identified during the surveys.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility failed to ensure they honor resident rights to provide a safe and decent living environment and to provide resolution to resident/family grievances.

Findings:

Observation on at approximately 9:45 AM revealed on the third floor in the common area near the elevators there was a strong smell. In the hallway across from , there was a dark substance on the edge of the ceiling tile. Water was leaking down the wall under the ceiling tile and there was a dark substance on the chair rail below the water leaking down the wall. In , there was a dark substance on the air vent near the closet.

Observation on / at approximately 11 AM revealed there was a strong odor in and in the common area near the elevators.

Review of the County Health Department inspection dated on / revealed a mold like substance was observed in the hallway on the third floor, around ceiling tile. Water is leaking in the hallway on the third floor around the ceiling tile. The air conditioner grate in was dusty and a mold like resident was forming. Water condensation was observed in the hallway of the third floor vent. The wall had light water damage in the hall on the third floor under the leakage. The results of the inspection were unsatisfactory. The facility did not provide a safe, decent living environment for the residents.

Review of the facility's grievance log revealed that on / the daughter of resident #2 voiced concerns regarding the smell of on the third floor and wanted her mother moved to the first floor. The resolution provided was "Spoke with daughter, explained move, attention will be given to third floor".

In an interview on / at approximately 11:30 AM with the resident's daughter who stated her mom has been there for 3 years. There was an odor of on the 3rd floor near the elevator. She has complained several times, and nothing was done. "You come in here and see someone mopping the first and second floors, not the third".
In an interview with the administrator on / at approximately 12 PM she was made aware of the

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SUMMARY STATEMENT OF DEFICIENCIES
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areas of concern on the third floor.

Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation, record review and interview the facility failed to ensure they provided a clean, safe living environment for the residents.

Findings:

The Agency received information that the facility did not have a clean living environment.

Observation on at approximately 9:45 AM revealed on the third floor in and in the common area near the elevators there was a strong smell. In the hallway across from , there was a dark substance on the edge of the ceiling tile. Water was leaking down the wall under the ceiling tile and there was a dark substance on the chair rail below the water leaking down the wall. In , there was a dark substance on the air vent near the closet.

Observation on at approximately 11 AM revealed there was a strong odor in and in the common area near the elevators.

Review of the County Health Department inspection dated on / revealed a mold like substance was observed in the hallway on the third floor, around ceiling tile. Water is leaking in the hallway on the third floor around the ceiling tile. The air conditioner grate in was dusty and a mold like resident was forming. Water condensation was observed in the hallway of the third floor vent. The wall had light water damage in the hall on the third floor under the leakage. The results of the inspection were unsatisfactory.

In an interview with the administrator on / at approximately 12 PM she was made aware of the areas of concern on the third floor.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to ensure they had a satisfactory County Health Department inspection report.

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	AL11932514	09/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BROOKSHIRE	**85 BULLDOG BLVD. MELBOURNE, FL 32901**

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

Findings:

The Agency received information that the facility did not have a clean living environment.

Observation on at approximately 9:45 AM revealed on the third floor in the common area near the elevators there was a strong smell. In the hallway across from , there was a dark substance on the edge of the ceiling tile. Water was leaking down the wall under the ceiling tile and there was a dark substance on the chair rail below the water leaking down the wall. In , there was a dark substance on the air vent near the closet.

Observation on / at approximately 11 AM revealed there was a strong odor in and in the common area near the elevators.

Review of the County Health Department ( ) inspection dated on / revealed a mold like substance was observed in the hallway on the third floor, around ceiling tile. Water is leaking in the hallway on the third floor around the ceiling tile. The air conditioner grate in was dusty and a mold like resident was forming. Water condensation was observed in the hallway of the third floor vent. The wall had light water damage in the hall on the third floor under the leakage.

The results of the inspection on / were unsatisfactory.

In an interview with the administrator on / at approximately 12 PM she was made aware of the areas of concern on the third floor.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Brookshire
85 Bulldog Blvd.
Melbourne, FL 32901

RE: CCR #2015006875 w/ECC/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 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 , 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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida