State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11932514

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/22/2015

Name of Facility
THE BROOKSHIRE

Street Address, City, State, Zip Code
85 BULLDOG BLVD.
MELBOURNE, FL 32901

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	0025	ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	0054	ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	0056
ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC	0093	ID Prefix **A0163** Reg. # **429.49 FS** LSC	0163	ID Prefix Reg. # LSC	ZZZZ
ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ
ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ
ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ

Reviewed By State Agency	**Reviewed By** L. Henry for S. Decarlo	**Date:** 11/23/15	**Signature of Surveyor:**		**Date:**
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**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932514	R
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 revisit to a biennial survey was conducted at The Brookshire Assisted Living Facility from / through in conjunction with complaint investigations (CCR 2015006875 and 2015010021). Deficient practice was identified during the surveys.

0165 Risk Mgmt & QA: Adverse Incident Report

A0165 DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility failed to ensure an adverse incident report was submitted within one business day when law enforcement conducted an investigation at the facility for 2 of 7 sampled residents (#2 and #7).

Findings:

There was no documentation to review that indicated the facility completed an adverse incident report when the police conducted an investigation at the facility on //15.

Record review for resident #2 on at approximately revealed and Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of . Record review revealed additional diagnoses of and ,

Review of facility notes revealed on / / at 4:55 AM the resident was short of breath, complained of pain to chest and thrashing about in bed. 911 called. While on the phone the certified nursing assistant called to say she was not breathing. was started and 911 came in and took over. At 5:20 AM the police officer reported resident expired at 5:19 AM.

In an interview with the administrator on at approximately 4:30 PM who stated an adverse incident report was not completed.

Review of the facility grievance log revealed that on / resident #7 complained of a missing weapon. Per log the resident filed a report with the Melbourne Police Department.

In an interview with the administrator on at approximately 4:30 PM, who stated that an adverse report was not filed with the Agency because the police responded to the facility after the resident called the police herself. She was under the impression the reports were needed when the facility called the police.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932514	R
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)

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Brookshire
85 Bulldog Blvd.
Melbourne, FL 32901

RE: Revisit to biennial relicensure w/ECC/LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 22, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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