RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Canopy Oaks
9070 SW 80th Avenue
Ocala, FL 34481

RE: CCR #2016001437 & 2016001497

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Enclosed 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 , 2016.** 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bay

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964969	05/04/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CANOPY OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9070 SW 80TH AVE** **OCALA, FL 34481**	

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

0000 Initial Comments

An unannounced visit for complaint investigations (CCR#2016001437 & 2016001497) was conducted on at Brookdale Canopy Oaks Assisted Living Facility in Ocala, Florida. Deficiencies were identified.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to provide 1 of 4 residents (Resident #2) with a bed.

Findings:

Observation of Resident #2's , # , on at 9:15 AM, with the Resident Care Aide 1, revealed no bed frame, only 2 mattresses on the floor in the . There was 1 mat folded against the wall nearby. The mattresses were pushed against the wall with extra thick blankets shoved between the 2 mattresses to tilt the mattresses toward the wall, making it difficult to exit the open side of the mattresses.

Interview with Resident #2 on at 9:30 AM revealed she had nothing to say regarding her bed. She provided no further information. She was well dressed and sitting in the large for other residents to arrive to start the activities session.

Review of Resident #2's chart revealed she is . Her Health Assessment states she has advanced . She needs assistance with bathing and and assistance with toileting. The facility assisted her in the court assignment of a professional guardian on . There was no mention of the lack of a bed or any in her record. The physician's report on stated " precautions," but no further information is provided.

Interview with Resident Care Aide 1 on at 9:15 AM confirmed the mattresses were on the floor with no bed. He stated Resident #2 from bed, so they took the bed away and put a mat on the floor and tilted the mattresses toward the wall. He did not report any .

Interview with the Director of Nursing on at 9:25 AM confirmed the mattresses were on the floor with no bed, tilted toward the wall. The mat was folded against the wall. She stated Resident #2 is a risk and this was done to protect her. She stated the resident transferred from another facility in the southern part of the state. There are no relatives or friends involved with this resident.

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During a telephone interview with the Professional Guardian for Resident #2 on [redacted] at about 2:45 PM, she stated she had not been in the resident's [redacted], yet. She stated she did not know the mattresses were on the floor and there is no bed in the [redacted]. She stated until it has been shown to her, that other interventions have been discussed or tried without success, then a bed should be in place in the [redacted].

Class III