STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964789	09/08/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BONITA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **26850 SOUTH BAY DRIVE** **BONITA SPRINGS, FL 34134**	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016010226 was conducted on at Brookdale Bonita Springs, an Assisted Living Facility (license #9322) in Bonita Springs, Florida.

The complaint contained 1 allegation, of which 1 was substantiated with a deficiency.

The following is description of the deficiency.

0152 Physical Plant - Safe Living Environ/Other

Based on observation, record review and staff interview, the facility failed to provide a safe living environment free from hazards to residents.

The findings included:

During a tour of the facility on at 11:35 a.m., a black and pink bio-substance was observed under a peeled up corner of the wallpaper on the second floor hallway, between 213 and 249.

In an interview on at 11:40 a.m., the Executive Director stated the facility was aware of the issue and had received an estimate for the restoration.

In a phone interview on at 11:45 a.m., the Regional Maintenance Southeast Division staff member stated, once the culture comes back the facility is ready to take remedial action to eliminate the affected area.

Reviewed the Restoration Proposal. The form states, "Emergency services-water intrusion-suspected microbial growth."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Bonita Springs
26850 South Bay Drive
Bonita Springs, FL 34134

RE: CCR #2016010226

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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