STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932514	R 11/21/2016
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 follow-up visit to a complaint investigation was conducted at The Brookshire (license #7354) on 21, 2016. The Brookshire had a deficiency at the time of the visit.

0160 Records - Facility

Based on the Admission and Discharge Log review and interview, the facility did not maintain and accurate and up to date log.

Findings:

Review of the Admission Discharge log provided by the facility administrator on / / revealed discrepancies between the log and the current census for 9 of 10 sampled residents (#3, 7, 8, 9, 10, 11, 12, 13,14).
In an interview with the administrator on / / at 12:30 PM, she stated the facility used a computerized log that several people had access to. At that time, she brought me a second copy of the Admission Discharge log and stated that was the corrected version and apologized for the previous version. Review of the corrected log also revealed errors.
Five of the 10 sampled residents on the current census were reported as being in the hospital or rehab, but were listed as being discharged on the corrected log (#7, 11, 12, 13, 14). One current resident (#3) was listed as having expired in 2012. Two other current residents had discharge dates listed, but are present in the facility (#8 & #9). Another resident was not listed on the admission/discharge log at all (#10).
At 2:15 PM on / / , the administrator stated she misunderstood and thought she was supposed to put a discharge date for anyone in the hospital. She confirmed that the residents still had their belongings in the facility and they were holding the bed. They had not been discharged from the facility. She said she did not know why 2 of the residents were listed as expired or discharged, as they were currently residing in the facility. She was unsure why Resident #10 was not on the log, as he had been a resident since before she started working at the facility.
Class

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11932514 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BROOKSHIRE	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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 12/5/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/13/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

EVENT ID: IG4D12

STATE FORM: REVISIT REPORT ( )

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
The Brookshire
85 Bulldog Blvd.
Melbourne, FL 32901

RE: Revisit to #2016007679

Dear Administrator:

This letter reports the findings of a complaint investigation revisit survey conducted on 21, 2016by 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 , 2017.**

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

BBT7

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