STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932514	**12/19/2018**
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 #2018018404 was conducted on . . . . . , . . . The Brookshire, license #7354, had a deficiency at the time of the investigation.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record reviews and interviews, the facility admitted 1 of 3 sampled residents (#1) who exceeded the admission criteria for an Assisted Living Facility (ALF).

Findings:

Resident #1's record revealed a facility admission date of . . . . . . His admission 1823 health assessment form, dated , indicated that he required total assistance with ambulation, bathing, ... , grooming, toileting and transferring. Although the facility held an Extended Congregate Care (ECC) license, a resident who required total assistance with transferring exceeded the admission criteria.

On . . . at 3:56 p.m. caregiver A said she provided care to resident #1 and said he required total assistance with transferring.

On at 4 p.m. the administrator said it was the first time she was hearing that resident #1's 1823 indicated he was inappropriate for admission and that he required total assistance with transferring.

Class III