

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/08/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE LAKE ORIENTA		STREET ADDRESS, CITY, STATE, ZIP CODE 217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A second revisit to a complaint investigation #2022010658 was conducted at Brookdale Lake Orienta on . The facility had an uncorrected deficiency at the time of the survey.	{A 000}			
{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _____ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, _____ or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	{A 152}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE LAKE ORIENTA

**217 BOSTON AVENUE
ALTAMONTE SPRINGS, FL 32701**

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{A 152}	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observations and interview, the facility failed to maintain a clean living environment for the 106 residents residing in the facility at the time of the survey. Findings: On at 9:40 am, spider webs were seen on the hallway ceiling outside of resident . . . At 9:45 am, the track on the elevator located behind the main dining room was found to be dirty. At 9:50 am, spider webs were seen on the main dining room ceiling, a black substance was seen on a dining room ceiling vent and a brown stain was seen on the dining room ceiling. At 9:55 am, the track on the elevator located to the left of the main lobby was found to be dirty. At 10:05 am, dust was seen on a ceiling vent in the memory care laundry room, a black substance was seen on another vent in the same room and a golf ball-sized hole was in the wall. At 10:15 am, a brown stain was seen on a portion of the ceiling in the first floor private dining room.	{A 152}		

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{A 152}	Continued From page 2 At 3:20 pm, the administrator was shown the findings and confirmed them all. Class III	{A 152}		