AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Brentwood Retirement Community
1900 West Alpha Court
Lecanto, FL 34461

Dear Administrator:

Re: CCR #2013002482

This letter reports the findings of a complaint survey that was conducted on 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) 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. Staff from this office will conduct a review after 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 Kriste J. Mennella.

Sincerely,

Stephen Bengin for,

Kriste J. Mennella
Field Office Manager

KJM/bh
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942763	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD RETIREMENT COMMUNITY	**1900 WEST ALPHA COURT LECANTO, FL 34461**

(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 An unannounced complaint investigation was done on and the facility was found to have deficient practice at 0152.	A 000		
A 152	58A-5.023(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.; and 2. Must be maintained free of hazards; and 3. Must 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 shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident 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 a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, 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 to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	A 152		

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A 152	Continued From page 1 (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be [illegible] This Statute or Rule is not met as evidenced by: Based on observation, the facility failed to ensure a safe and clean environment for 8 of 8 sampled residents (#1, #2, #3, #4, #5, #6, #7, #8). The findings include: During a tour of the facility which began at 9:58 AM on [illegible] it was noted, in the main dining [illegible] lights in the dining [illegible] 2 entire fixtures that did not work of 8 ceiling fixtures. Each ceiling fixture holds 4 bulbs. Besides the 2 complete fixtures that were not working, seven other bulbs in the remaining fixtures were not working. A foot and half section of ceiling paint was observed to have pealed off near the recessed lighting. The center of the ceiling had darkened areas that resemble dirt. A dark stain was noted near a ceiling vent. A ceiling access panel had chunks missing around the corners. An area in the Assisted Living facility that prepares and serves food had walls with food debris on it and other stains. A door to an area where a [illegible] located had patches of peeling paint. Floor boards in the same area were dirty with food debris. The Court recreation [illegible] paint peeling from the ceiling in several areas with a long ceiling crack over 3 feet long. The Court dining [illegible] a utility closet door leading into the dining [illegible] had food debris on it. The Beechwood dining area had a ceiling	A 152		

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A 152	Continued From page 2 ballast in which 5 light bulbs were not functioning.	A 152		