STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965138	12/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Dr Phillips 1	8001 Pin Oak Drive Orlando, FL 32819	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:
0000-Initial Comments
A complaint investigation CCR #2014012289 was conducted on [redacted] Brookdale Dr. Phillip 1 Assisted Living Facility had a deficiency found at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record review and interview the facility failed to ensure an adverse incident report was submitted to the agency for an event that law enforcement investigated.

Findings:

Record review conducted on [redacted] at 10:30 PM of facility incident reports revealed a report dated [redacted] regarding a man who walked into the facility uninvited who went into the [redacted] of two residents. The Sheriff Department was called and the officers gave the man a trespass warning and told him to leave the property. On [redacted] the daughter of one of the residents returned to the facility with a Sheriff Deputy to investigate the situation further.

Interview conducted on [redacted] with Executive Director who stated that when the intruder was trespassed on [redacted] they did not feel that they needed to complete an adverse incident report. When the family member returned on [redacted] with a Sheriff Deputy there was different information given by the resident which led to the intruder being [redacted] for touching the resident. The Executive Director stated "I tried to submit a report yesterday but my pass code would not be accepted. I tried to get a new code today."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Dr Phillips 1
8001 Pin Oak Drive
Orlando, FL 32819

RE: CCR #2014012289

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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