STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	04/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE TUSKAWILLA	1016 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Conducted a Complaint Investigation CCR# 2015000133 on [redacted] Brookdale at Tuskawilla 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 within one business day when law enforcement conducted an investigation at the facility for 1 of 4 sampled residents (#1).

Findings:

The Agency received information that a police investigation was conducted.
Review of the Seminole County Sheriff's Office CJIS Report Number 2014CJ010950 revealed on [redacted] at 7:48 PM, police arrived at the facility to investigate a battery over with. Resident #2 stated she could not remember the incident but stated resident #1 attempted to make entry into her private [redacted] he was an unwanted guest. She approached him at the doorway and as he attempted to push past her into her [redacted], she pushed resident #1 out of her [redacted] Resident #1 [redacted] backwards hitting his head on a closed door across the hallway. Seminole County Rescue was called and resident #1 was transported to the hospital with a laceration to his head.

In an interview with the administrator and the Health and Wellness Director on [redacted] at approximately 1 PM who stated an Adverse Incident report was not completed when the police came to the facility as she was not aware they did an investigation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Brookdale Tuskawilla
1016 Willa Springs Drive
Winter Springs, FL 32708

RE: CCR #2015000133

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on . 2015 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

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