STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965405	**04/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE SANTA BARBARA	**911 SANTA BARBARA BLVD CAPE CORAL, FL 33991**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) Survey on [redacted] and [redacted] at Brookdale Santa Barbara, an Assisted Living Facility (ALF) in Cape Coral, Florida.

The following is a description of the deficiency:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to have Interdisciplinary Care Plan specifying services provided by Hospice and the services provided by the facility for 5 (Residents #1, #5, #6, #7, and #8) out of 5 Hospice residents reviewed. The facility failed to have a face to face examination by a health care provider at least every 3 years for Resident # 2.

The findings included:

1. Review of Residents #1, #5, #6, #7 and #8 revealed they were on Hospice Services. However, there was no Interdisciplinary Care Plans between Hospice and the Facility.

2. Record Review of Resident # 2 revealed Health Assessment Form (1823) dated [redacted]

3. During an interview on [redacted] at 1:30 p.m. Staff D said, "I do not think we have any interdisciplinary care plans on all 5 of our Hospice Residents. I was not aware that Resident #2's Health assessment dated [redacted] had expired."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale Santa Barbara
911 Santa Barbara Blvd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com