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 Complaint Survey CCR# 2015000875 with 3 allegations was conducted on and at Brookdale Santa Barbara, an Assisted Living Facility (ALF) in Cape Coral, Florida.

The following is a description of the deficiencies:

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to supply eating ware sufficient for all residents, for 3 out of 6 random residents observed during Dining Observation.

The Findings included:

1. During the Dining Observation on at 12:15 p.m., 6 residents were observed seated at dining tables needing assistance to eat. Three out of six residents were without glasses of liquid to drink.

2. During Dining Observation on at 9:40 a.m., Resident #1 was sitting at dining table with a glass of juice placed out of his reach. Staff B said, "He always throws his glass on the floor." When asked by surveyor why he was not given a covered plastic container with a straw provided to him on She said, "I don't know."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain in good working order 18 out of 38 resident observed.

The findings included:

During tour of facility on at 10:00 a.m. the following was observed: heavily soiled carpets and paint missing from door frames in 18 out of 38 resident a broken window which was reported 3 weeks earlier in and a stained area around the toilet, and cracked floor tile in

During an interview on at 1:52 p.m. Staff A said, "I do make rounds, but only if there is a complaint from the residents or their families."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2012000875

Dear Administrator:

This letter reports the findings of a complaint survey completed on , 2015 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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