STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963906	05/20/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE SOUTHSIDE	9601 SOUTHBROOK DRIVE JACKSONVILLE, FL 32256	

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

0000 - Initial Comments

A biennial licensure survey was conducted on . Brookdale Southside had licensure deficiencies found at the time of the visit.

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on employee record review and staff interview the facility failed to ensure 1 out of 4 sampled employees' employment file included references.

The findings include:

During the biennial licensure survey a review of the employee records was conducted. The employee file for the Health and Wellness Director was reviewed. The file did not contain references.

During an interview with the Administrator on at 3:22 pm she stated she had to called the corporate office and the human resources (HR) staff verified that the Health and Wellness Director has no references in her file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Southside
9601 Southbrook Drive
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 20, 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 .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure

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