STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	**05/12/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE SUNRISE	**4201 SPRINGTREE DRIVE SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2015001768 was conducted on 2015 at Brookdale Sunrise. The facility had a deficiency identified at the time of the survey.

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

Based on observation and interviews, the facility failed to maintain a clean and safe living environment in residents' and failed to ensure overall safety and adequate maintenance of most the residents ' common living areas.

The findings include:

During the environmental tour on with the Maintenance Director and the Business Manager, it was observed that the facility ' s floor plan is spread East/ West and North/ South. The in the memory care unit, a secured unit are located Eastward /Westward. The floor plan is subdivided into units and each unit has 4 and one common area that included a kitchenette and two foyers . The following was noted specifically.

1) At the entrance of every unit there is an air conditioned (AC) return vent where the A/C air guide return /air filter grill is mounted. Most of the observed air-guide return/air filter grills were not securely mounted on the wall. They either had missing screws on the top area or they had no screws at all. Some were observed to in the hallway on the least impact. The following were noted as evidence: 2126, 2104, 2119, 2104, 2125, 2112, 2115, 2120, 2125, 2111, 2109, 2108, 2112, 2126, and 2118, 2227, 2201, 2202, 2206, 2205, 2209, 2210 2309, 2310, 2327, 2329).

2) There was heavy condensation noted on the AC vent cover on the ceiling of the Eastside hallway and on the AC vent cover on the ceiling of the North /South hallway, on the second floor. Water vapor build- up was dripping on the carpet.

3) The AC to 2224 and 2226 in the hallway does not lock, exposing the electrical evaporator components of the AC unit.

4) The oven burners in 1105, 1107, 1307, 2201, 2202, 2205, 2206, 2207 2208, 2209, 2210, 2222, 2226. 2224, 2225, 2227,2229,2230,2309, 2310, 2311, 2312, 2327, and 2329 were removed exposing the sharp edges (noted to be extremely sharp upon touch) of the area for the burner and the burner ' s connector, accessible to all persons. The empty space was not covered which poses a risk for the residents in those units. The maintenance director was informed of aforementioned findings and verified that the holes should have a cover. However, he also acknowledged that all the stoves were (not connected to any power source) but could be reconnected at any point in time by any person.

5) The carpet in Resident #2 ' s (#1105) and the carpet on the hallway leading to , the Carpet in the Foyer of and 1104 were observed to be in deplorable condition; they were observed to be heavily soiled,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	**05/12/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE SUNRISE	**4201 SPRINGTREE DRIVE SUNRISE, FL 33351**	

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

0152 Continued From page 1

stained and partially torn.
During an interview with Resident #2 on at about noon, she indicated that she has several requests for the carpet to be changed but the facility ignored her concerns.

6) The AC LW-301 where the AC blower/ evaporator are housed and adjacent to was unlocked; the door had no lock at all. Further observation of this area revealed the area is composed of electrical wires for the AC, which poses a risk to any resident and/or person that may enter the area. Additional observations revealed various residents of different levels were observed in the area. During an interview with the Business office Manager, at this time, she revealed that the be locked and secured.

7) The AC door in the hallway next to (2223, 2224, 2225 and 2226) was not locked. Based on verbal report gathered from staff most of the residents on those units are independent, however, some of the residents do suffer from either mild or has some form of

8) In (# a strong odor was apparent. Upon investigation in the presence of the Wellness Director and the Business Manager, the mattress was noted to be stained with a light brown substance. The odor noted in the stronger the closer one approached the resident ' s bed.

9) The draw of the stove in the kitchen/ common area between 1105-1107 was missing.
The findings were verified with the Maintenance Director, the Assistant Executive Director and the Wellness Coordinator, no further documentation was available for review.
There are photographic evidence and annotation of the aforementioned.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Sunrise
4201 Springtree Drive
Sunrise, FL 33351

RE: CCR #2015001768

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com