STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964912	05/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE SOUTHPOINT	6895 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2015002428, was conducted on Brookdale Southpoint had deficiencies found at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on document review and interview, the facility failed to maintain an updated Admission and Discharge log.

The findings include:

During a complaint investigation on a review of the Admission and Discharge log revealed the log was not filled out completely with discharge information regarding the locations to which residents had been discharged (Photographic evidence taken).

During an interview with the Health and Wellness Director and the Administrator on at 2:00 pm it was explained that the Admission and Discharge log lacked information about the locations to which the residents were discharged. They both looked at the Admission and Discharge log and confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Southpoint
6895 Belfort Oaks Place
Jacksonville, FL 32216

RE: CCR #2015002428

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 26, 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 **06/29/2015** 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. Should you have any questions please call this office at

Sincerely,

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

JD/JM/sm
Enclosure

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