AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964567	07/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CARROLLWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **13550 SOUTH VILLAGE DRIVE** **TAMPA, FL 33624**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A Biennial Licensure Survey with Limited Nursing Services was conducted on .

The facility had deficiencies found at the time of this visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to ensure one resident was treated with consideration, respect & dignity.

Findings Include:

On observation during tour & resident interview revealed that when surveyors entered a resident 11:50 a.m. they were overwhelmed with a strong odor. The surveyors stated the smell was so strong in the residents they were holding their breath when attempting to interview the resident.

A review of the residents chart was completed. The resident's Health assessment dated 2012 indicted she was and had a history of .

The DON was informed of the concerns. When the DON went to the residents check on her. She returned and reported to the surveyors that there was not an odor coming from the resident and the odor free.

A second visit was made to this residents . At this time no odor was detected, however upon entering the resident was very upset stating that she was told by the DON and another employee that the state surveyors told them that she & her . The resident was hurt & insulted.

A short time later the resident was observed in the hallway asking other residents if she smelled.

The facility staff lacked discretion & failed to use good judgement & tact when dealing with the resident

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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0093 Food Service - Dietary Standards

Based upon observation the facility was not posting menus in a place accessible to residents.

Findings Include:

During the visit of [redacted] & observation of the noon meal in both resident dining [redacted] at approximately 12-12:30 p.m. there was no visible menus posted for residents to review.

When asked randomly, if the residents knew what was to be served for lunch they didn't know.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Carrollwood
13550 South Village Drive
Tampa, FL 33624

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2015 by representative(s) 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call **Paul Brown,** HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Cauafman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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