STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	**09/21/2015**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR MELBOURNE, FL 32904**	

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

0000 Initial Comments

Complaint Investigation #2015006301 was conducted on / . There was a deficiency found at the time of the visit.

0152 Physical Plant - Safe Living Environ/Other

Based on observations, interviews and the Department of Health Report, the facility failed to provide and maintain a safe and home-like living environment and did not make repairs, replace damaged ceiling tiles and closet doors.

Findings:

Observations on / at approximately 11 AM, revealed the following:
The ceiling tile next to the dining that was next to the work shop had stains.
1-the closet handle was off door
3 only had 1 closet door and there were should have been two doors. Further observations revealed there was clutter throughout the . There was a stack of napkins on top of the table around the Television. The paper napkins on the back of the toilet with brown stains.
5-There was a hole in the wall underneath the window pane.
1-the light switch covering next to the door was broken and on the floor, the closet door was off track
2-both closet doors were off track
4-the closet doors were off the hinges
During a tour of the kitchen the light fixture coverings had black substance inside. The air conditioner vents had black substance throughout the kitchen. The ceiling tiles were dirty. The ceiling tile over Freezer #2 was stained and had large black and brown stains.
The employee to the kitchen had black substance on the floor next to the toilet. There was a large amount black mildew/mold like substance on the back of the and inside the door frame along both sides and the top of the door frame. There was a hole cut in the ceiling of the . The was dirty.
During an interview with the Maintenance Director on / at approximately 11:15 AM, he stated that the ceiling tiles in the hallway were going to be replaced. He stated there was a roof leak that was repaired in and they were waiting to make sure there were not any more leaks before replacing.

During an Interview with the Administrator on / at approximately 1:30 PM, she stated the repairs would be made.

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Review of the Health Department report that was conducted on / noted there was a damaged ceiling tile above one of the reach-in freezers. This needs to be repaired.
There were some damaged ceiling tiles in the hallway near the workshop from a roof leak. This has been fixed and the facility is working to replace the ceiling tile

Another Health Department Inspection was conducted on / and it was unsatisfactory for the food service, the following violations were found: The the kitchen had buildup of possible mold on the door and door frame. The in the process of being redone. The to be fixed and thoroughly cleaned by / . There was some dust and possible mold build up on some of the ceiling tiles in the kitchen. This needs to be fixed by .
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2015

Administrator
Brookdale West Melbourne
7199 Greenboro Dr
Melbourne, FL 32904

RE: CCR #2015006301 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on September 21, 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than October 21, 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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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