STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965405	10/06/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SANTA BARBARA**	STREET ADDRESS, CITY, STATE, ZIP CODE **911 SANTA BARBARA BLVD** **CAPE CORAL, FL 33991**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted / through at Brookdale Santa Barbara, an assisted living facility in Cape Coral, Florida.

A limited nursing service survey was conducted in conjunction with the Relicensure survey.

The following is a description of the deficiencies that were found at the time of the visit.

0028 Resident Care - Activities of Daily Living

Based on observation, resident record reviewed, and staff interview, the facility did not provide 1 (Resident #10) of 3 residents with the assistance he needed during his lunch.

The findings included:

Observation of Resident #10 on at 12:15 p.m. showed he was eating his lunch in the dining a table by himself. He was eating a hamburger that was cut in half. He placed half of the hamburger with lettuce and tomato on the table next to his plate. He was eating the lettuce and tomato off the table using a fork. Six staff members walked pasted him and observed him throughout lunch with no staff interaction. On occasion he would rub his fork on the table or bang his fork on the table making a loud sound.

At 12:38 p.m., three staff was standing at his table. Resident #10 had half of his hamburger on the table and no staff intervened to take his hamburger off the table. At 12:40 p.m., Resident #10 then used the handle of the fork to eat his food. Three staff looked at Resident #10 while he was using the fork in this manner. These three staff did not assist him in using the fork correctly.

An interview was conducted with Staff G at 3:10 p.m. on . She stated she works with Resident #10. She says he is on finger foods but does not provide assistance. She was not aware of resident was eating food off the table or using the wrong end of the fork.

A review of Resident #10's health assessment dated shows he requires total assistance for eating and all activities in daily living. Hospice notes dated / showed he requires assistance with all his meals.

Class III

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

0086 Training - ADRD

Based on record review and interview the facility failed to ensure 1 (Staff D) of 4 staff had training. 1

The findings included:

During record review on at 9:00 a.m., there was no I training in 1 (Staff D) of 4 personnel records reviewed.

On at 10:30 a.m., the Administrator said she is helping the administrative assistant look for the missing certificates.

On 10/7/15 at 12:00 p.m., the Administrator said Employee D is doing her I training today.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Santa Barbara
911 Santa Barbara Blvd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 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. **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 , 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com