STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965474	08/31/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEKIWA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **203 S WEKIWA SPRINGS ROAD** **APOPKA, FL 32703**	

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

0000 Initial Comments

Complaint investigations (CCR 2015003573 and CCR 2015005613) were conducted at Brookdale Wekiwa Springs on [redacted]. Brookdale Wekiwa Springs had deficiencies found at the time of the investigation.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility failed to ensure they honored resident rights to provide a clean and decent living environment.

Findings:

The Agency received information that the facility did not have a clean and decent living environment.

Observation on [redacted] at approximately 11:15 AM in [redacted] revealed there was a roach bait on the table next to the bed with some [redacted] roaches in them. There were two live roaches under the clock next to the bed. In the drawer to the right of the microwave, there were live roaches crawling in it.

In an interview with the caregiver on [redacted] at approximately 11:15 AM who stated the [redacted] been sprayed, but they could not get rid of the roaches. She stated the resident kept a water glass on the table next to her bed at night. In the morning, there were tiny roaches in the water glass.

Review of the County Health Department inspection dated [redacted] indicated several live roaches were noted in the dry storage area of the kitchen. Food crumbs were noted underneath the kitchen shelves in dry storage. Effective control measures need to be utilized to eliminate the presence of vermin on the premises.

In an interview with the administrator on [redacted] at approximately 3 PM who stated the facility had not been able to get rid of the roaches in [redacted]. He also stated the resident would need to move out of the [redacted], in order to effectively treat the roaches.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to ensure they had a satisfactory County Health Department inspection report.

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	AL11965474	**08/31/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings:

The Agency received information that the facility did not have a clean and decent living environment.

Observation on I/ at approximately 11:15 AM in revealed there was a roach bait on the table next to the bed with some roaches in them. There were two live roaches under the clock next to the bed. In the drawer to the right of the microwave, there were live roaches crawling in it.

In an interview with the caregiver on I/ at approximately 11:15 AM who stated the been sprayed, but they could not get rid of the roaches. She stated the resident kept a water glass on the table next to her bed at night. In the morning, there were tiny roaches in the water glass.

Review of the County Health Department ( ) inspection dated I/ indicated several live roaches were noted in the dry storage area of the kitchen. Food crumbs were noted underneath the kitchen shelves in dry storage. Effective control measures need to be utilized to eliminate the presence of vermin on the premises.

In an interview with the administrator on I/ at approximately 3 PM who stated the stated for the facility to call them for a re-inspection. They had not been able to get rid of the roaches in , and had not called the to re-inspect. The resident would need to move out of the it to be effectively treated for roaches.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015
Administrator
Brookdale Wekiwa Springs
203 S Wekiwa Springs Road
Apopka, FL 32703

RE: CCR #2015003573 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey 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 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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