RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Tavares
2232 Dora Avenue
Tavares, FL 32778

RE: CCR #2015008373

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964319	10/27/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TAVARES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2232 DORA AVENUE** **TAVARES, FL 32778**	

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

0000 Initial Comments

A complaint investigation survey (CCR 2015008373) was conducted at Brookdale of Tavares on . Deficient practice was identified during this survey.

0008 Admissions - Health Assessment

Based on record reviews and interviews the facility failed to obtain omitted information for 3 of 3 residents' 1823 health assessment for residents #5, 6, and 7.

Findings:

On , a record review was conducted on residents 5, 6, and 7 1823 health assessments. It was observed that resident #5's 1823 dated was missing information for activities of daily living on page 2; missing information for self tasks on page 3; missing what type of assistance with medication needed or not.

Resident #6's 1823 health assessment was missing comments for activities of daily living on page 2.

Resident #7's 1823 health assessment was observed to be missing comments for activities of daily living on page 2; missing comments for tasks on page 3; missing what type of medication assistance on page 4.

On at 2:50 PM an interview was conducted with the facility Wellness Director in reference to the omitted information on residents #5, 6 and 7 1823 health assessments. She stated she was unaware of the missing information on the 1823 health assessments and the requirement to obtain that missing information.

Class III