RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Hunter's Crossing
4607 NW 53rd Avenue
Gainesville, FL 32606

RE: CCR #2015009582

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
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	11/06/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE HUNTER'S CROSSING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4607 NW 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

0000 Initial Comments

On , 2015 a complaint (CCR #2015009582) investigation was conducted at Brookdale of Hunters Crossing Assisted Living Facility in Gainesville, FL. Deficient practice was identified at the time of the investigation.

0167 Resident Contracts

Based on interviews and record reviews the facility failed to honor residents contract by not giving a 30-day notice before a rate increase for 1 of 4 residents (#1).

Findings:

On / / at approximately 10:50 AM during an interview with resident #1 ' s power of attorney he stated he received an email stating resident #1 contract rate was going up effective / / and he did not get a 30-day notice prior to the email.

On / at approximately 12:37 PM an interview was conducted with the business office manager in reference to a rate increase for resident #1 with an effective date of / / . The manager stated the resident had a personal assessment summary done by the facility on which increased his level of care cost by $685.00.

On / at approximately 2:30 PM the business office manager stated an email was sent to the POA on notifying him of the rate increase for resident #1. She stated the effective date for the increase was / / , which is less then 30 days.

Class III