

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/04/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964641	(X3) DATE SURVEY COMPLETED R 11/17/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROTONDA	STREET ADDRESS, CITY, STATE, ZIP CODE 550 ROTONDA BLVD WEST ROTONDA WEST, FL 33947	

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

0000 Initial Comments

An unannounced follow-up to the biennial survey conducted on 9/14/15 at Brookdale Rotunda, an assisted living facility in Englewood, Florida. The follow-up survey was conducted 11/17/15

All deficiencies have been corrected and no new deficiencies were identified.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11964641

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/17/2015

Name of Facility

BROOKDALE ROTONDA

Street Address, City, State, Zip Code

550 ROTONDA BLVD WEST
ROTONDA WEST, FL 33947

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0091	Correction Completed 10/14/2015	ID Prefix A0093	Correction Completed 10/14/2015	ID Prefix	Correction Completed
Reg. # 58A-5.0191(12) FAC		Reg. # 58A-5.020(2) FAC		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
[Signature]
Reviewed By

Date:
12/3/2015
Date:

Signature of Surveyor:
[Signature]
Signature of Surveyor:

Date:
12/3/15
Date:

Followup to Survey Completed on:

9/14/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 4, 2015

Administrator
Brookdale Rotonda
550 Rotonda Blvd West
Rotonda West, FL 33947

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 17, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 this office at (239) 335-1315.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Seehawer".

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

DT9D

