STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964874	**04/05/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1416 COUNTRY CLUB BLVD** **CAPE CORAL, FL 33990**	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016002668 was conducted through at Brookdale Cape Coral, as Assisted Living Facility in Cape Coral, Florida.

The following is a description of the deficiency found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record review and staff interview, the facility failed to follow the written grievance procedure for 1 (Resident #12) of 5 residents sampled.

The findings included:

On , a review of Resident #12's file revealed there was no note or form regarding resident's desire to move to a smaller, less expensive . A review of the grievance book revealed there were no complaints logged since , 2015. A review of the Resident Grievance Procedure revealed a series of steps to be taken if a resident or their responsible party has a grievance. This procedure was not shown to have been implemented.

In an interview on at 2:30 p.m. the Health and Wellness Director stated, "As the interim, if there are any complaints, I will write them in there."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Brookdale Cape Coral
1416 Country Club Blvd
Cape Coral, FL 33990

RE: CCR #2016002668

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency. Submit summary and documents to the Field Office no later than , , 2016.** 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 deficiency 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 Manaer

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Enclosure: State Form

XG90

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Fort Myers, FL 33901
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