STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964760	04/26/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7200 GREENBORO DR** **MELBOURNE, FL 32904**	

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

0000 Initial Comments

A Re-licensure survey with Limited Nursing Service (LNS) was conducted on . Brookdale West Melbourne had a deficiency at the time of the visit.

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide a safe living environment that was maintained free of hazards.

Findings:

Observations during the tour on at 1:30 PM, revealed numerous air conditioning vents with a black substance on them. Vents located outside of resident 102-104, 105, 110, 112-113, 135, 138, outside of the spa and in the dining kitchen were reported to the maintenance tech. Peeling paint on the vents outside of resident 112-113 and outside of the spa were also reported.

Also observed were dark carpet stains in the common area outside of resident 112-114, 124-125, and various other places.

On at 2:15 PM, the maintenance technician stated the vents are cleaned on a schedule set by the Director of Maintenance, but that he would point this out to him today. He also said that the carpet stains were from a chemical from a laundry product.

On at 2:30 PM, the administrator stated that the outside cleaning company they are using had told them that the stains would lift out over time. Monthly cleanings were being done.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale West Melbourne
7200 Greenboro Dr
Melbourne, FL 32904

RE: Re-licensure with LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 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 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

XG90

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