STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964130	05/04/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2750 DREW STREET** **CLEARWATER, FL 33759**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

Three complaint investigations (CCR# 2016003389, CCR# 2016002556 and CCR# 2016002173) were conducted at Brookdale Clearwater assisted living facility on in conjunction with a revisit to CCR#2015013366 of (aspen event id# BOWM12). Brookdale Clearwater had a deficiency at the time of the investigation for CCR#2016003389.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interviews, the facility did not provide a living environment which was clean and free of odors for 4 (#406, #407, #410 and #412) of 4 in the memory care unit sampled for odors and cleanliness.

Findings included:

These were observed on the south wing of the memory care unit for odors and cleanliness.

#406 ... was observed to have opened bottles of shampoo and liquid soap sitting on the where the resident could drink the contents. There was a brown substance on the shower floor and on the . The mattress cover on the bed was soiled. There was a odor in the .

#407 ...a large laundry basket in the common space in the observed to be over-flowing with clothes. The popcorn ceiling in the was coming off the ceiling, the shower floor was dirty and the toilet seat had a brown substance on it. There was a odor in the .

#410 ...there was an opened pile of clothes in a plastic bag on the floor in the common area. The door leading to the all scratched up and needed painting. The wall edge going into the damaged and needed repairing . The shower floor was dirty. There was a odor in the .

#412 ...Resident #4 was in the he stated on at 9:35 am that his cleaned but not all the time. It can get messy and no one comes to clean it. I think they come once a week to clean.

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There were no odors in his . The toilet seat in the stained with a brown substance. The space between the shower and the toilet was discolored with a large brown stain.

Direct care staff F stated on at 10:10 am that the smell is there almost all the time. There are not enough housekeepers to keep the residents' clean and not enough staff to do the laundry. There are residents here who urinate frequently and the laundry just piles up in the baskets and it gets smelly.

Direct care staff E stated on at 10:20 am that she was on light duty so she was helping out the housekeeping staff. There is one housekeeper for the memory care unit and one laundry person. The cleaning and the laundry is done once a week. For the past three days, the regular housekeeper has not been here and the laundry person did not come today.

During an interview on at 10:00AM with the Director of Maintenance, Michael Clark stated that the facility ' s policy is to freshen up each apartment when a resident moves out. The facility cleans, paints, repairs and replaces whatever is needed in each apartment before it is placed back on the list as available. The Director of maintenance stated the apartment would not be shown or rented to anyone until it was ready

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Clearwater
2750 Drew Street
Clearwater, FL 33759

RE: CCR# 2016003389, 2016001273, & 2016002556

Dear Administrator:

This letter reports the findings of three complaint surveys that were conducted on , 2016 by representative(s) 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 the 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.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90