STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964477	06/07/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT CHARLOTTE**	STREET ADDRESS, CITY, STATE, ZIP CODE **18440 TOLEDO BLADE BLVD** **PORT CHARLOTTE, FL 33952**	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016006378 was conducted at Brookdale Port Charlotte, an Assisted Living Facility (license number 9027) in Port Charlotte, Florida.

The complaint contained 2 allegations, of which 1 was substantiated with a deficiency.

The following is description of the deficiency.

0152 Physical Plant - Safe Living Environ/Other

Based on observation, interview, and record review, the facility failed to ensure proper cleaning of the kitchen and that proper maintenance of kitchen structures were completed in a timely manner.

The findings included:

Observations during a tour of the kitchen on at 11:00 a.m. included: the main sink and counter area was being held up by a 2 x 4 piece of wood. There was black growth on the caulking behind the main sink. There were no cabinets underneath the sink, leaving the plumbing and unfinished floor and drywall exposed. The adjacent counter top had an opening /missing sink with exposed piping. There were cracked tiles on the floor in the dishwashing area and missing tiles behind the stove which had collected debris. The cabinet door, under the Island prep area, did not properly close, there was chipped veneer towards the bottom of the island and dirty molding surrounding it. The floor tile grout was dirty throughout the kitchen.

Review of records showed that the Department of Health visited the facility on several occasions dating back to and noted that repairs needed, due to a plumbing leak, have not been completed as of their last visit on / /. Review of the facility records on found that the facility received a quote for the stainless steel cabinets on / / and a quote for installation along with other kitchen related maintenance work on and .

During an interview on at 11:33 a.m., with the Maintenance Technician said they do not have a cleaning schedule for the kitchen. The night shift staff cleans the kitchen. He has come in at night and seen the staff cleaning the dining then the kitchen. The cooks clean up after themselves.

During an interview on / at 1:30 p.m. with Dining Services Coordinator, he said that there was a leak when he started working at the facility in of 2015. He said that couple months ago he looked under the cabinet and saw it was collapsed and that is when he started asking for it to be fixed. He

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confirmed that they started to fix it in mid 2016. The current cabinets are temporary until the custom stainless steel cabinets can be installed. He confirmed that the documentation for the stainless steel cabinets is only a quote. To his knowledge, he is not aware if the stainless steel cabinets have been approved yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Port Charlotte
18440 Toledo Blade Blvd
Port Charlotte, FL 33952

RE: CCR #2016006378

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted 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 this 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 Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com