STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964477	R /2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PORT CHARLOTTE	**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 revisit survey was conducted on / at Brookdale Port Charlotte, an Assisted Living Facility, (license #9027) located in Port Charlotte, Florida.

There was one deficiency in the survey and it was recited during the follow up visit.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview with administrative staff, the facility failed to ensure the repairs were completed in the kitchen.

The findings include:

1. On / at 1:15 p.m., the kitchen was observed. The island in the center of the kitchen had not been repaired. The cabinet door, under the Island prep area, did not properly close, there was chipped veneer towards the bottom of the island. The area under the stove size of 2 by 3 feet remained with the tile off. The area was collecting food debris.

On / at 1:25 p.m., the maintenance director said the facility was doing a total kitchen refurbishing. He reported the cabinets had been ordered by showing a work order for them dated /. He stated the cabinets would not be ready until 4-5 weeks after the company had received the order and then of course they would have to be installed. He also provided a work ordered dated / to a contracting company for a "kitchen refurbishing."

On / at 1:45 p.m., the Administrator said they knew the floor could not be replaced, so it was cleaned and sealed by "Stanley Steamer" until it could be replaced.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 byrepresentative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. 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

BBT7

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