STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964204	**07/20/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE EAU GALLIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2680 CROTON ROAD** **MELBOURNE, FL 32935**	

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

0000 Initial Comments

Re-licensure survey with Limited Nursing Services (LNS) was conducted on . Brookdale Eau Gallie, License#8885, had deficiencies found at the time of the visit.

0152 Physical Plant - Safe Living Environ/Other

Based on Observation and Interview, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems are maintained in good working order by not replacing stained ceiling tiles and not maintaining the air conditioning vents in a state free of dripping water.

Findings:

Observation throughout the facility on revealed ceiling tiles on the first and second floor that were wet and stained with brown and black substance around the air conditioning vents. The vents themselves had water droplets on them, in some places dripping onto the floor.

On the first floor in the main lobby there were 3 stained tiles and dripping vents.

On the second floor in the large activity , there were many ceiling tiles throughout the space that were wet and had dark brown stains. Some of them had a black substance on the tiles as well. Some ceiling tiles were damaged with a black substance, even though they were not adjacent to a vent.

In an interview with the Dietary Manager on / at 1:15pm, he stated that the maintenance man was trying to keep up with replacing the water damaged tiles, but the water continued to stain the new tiles as well.

In an interview with the Executive Director on at 3:40pm, she confirmed that the tiles were in bad shape and that they had a contactor out in to assess the situation and it was being worked on.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Eau Gallie
2680 Croton Road
Melbourne, FL 32935

RE: Relicensure w/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 13, 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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