STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964760	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	**7200 GREENBORO DR MELBOURNE, FL 32904**

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

0000 Initial Comments

A revisit was conducted on , and . Brookdale West Melbourne License #9244 had a deficiency found at the time of the visit.

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment that was free from carpet stains.

Findings:

Observation on , revealed that the stained carpet in the common areas in the facility near the resident on the first floor were still not cleaned or replaced.

In an interview with the administrator on at 2:20pm, the administrator stated that the flooring replacement quote was still in the process of being approved by their corporate office.

In a phone interview with the administrator on at 4:30pm, she stated that the approval should be complete within the next week.

In a phone interview with the administrator on at 4:30 pm, she stated that they still had not obtained the approval from their corporate office.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale West Melbourne
7200 Greenboro Dr
Melbourne, FL 32904

RE: 2nd revisit to re-licensure w/LNS

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 29, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
YOSF

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