RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Hunter's Crossing
4607 NW 53rd Avenue
Gainesville, FL 32606

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3500) 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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HUNTER'S CROSSING	4607 NW 53RD AVENUE GAINESVILLE, FL 32606

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

0000 Initial Comments

On a follow up to a complaint survey (CCR #2016001853) was conducted at Brookdale Hunter's Crossing, License #9442. Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and record review, the facility failed to ensure 1 of 20 residents were free from physical (Resident #1).

Findings:

During the initial tour of the facility it was observed that -3, a private , had a hospital bed with a scoop mattress. Upon closer inspection, the mattress is high sided at the head of the bed and at the foot of the bed.

A review of the medical record for Resident #1 revealed a move in date of . Further review of the medical record revealed no physician's order for the scoop mattress and no annual review made by the resident's physician.

An interview was conducted with the Health and Wellness Nurse on at 10:15 AM. She stated Resident #1 cannot get out of bed on his own. She stated Resident #1 has a scoop mattress to keep him from falling out of bed.

An interview was conducted with the Health and Wellness Nurse on at 12:00 PM. She stated Resident #1 is not on Hospice, but is currently on a transitional Hospice to see if he qualifies. She further stated the resident was on Hospice before and that is when they got the scoop mattress.

An interview was conducted with the Health and Wellness Nurse on at 12:40 PM. She stated Resident #1 was originally admitted on in the Assisted Living side of the facility. She stated Resident #1 was on Hospice in 2012. She states she cannot find a physician's order for the scoop mattress.

Class III

0152 Physical Plant - Safe Living Environ/Other

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HUNTER'S CROSSING	**4607 NW 53RD AVENUE GAINESVILLE, FL 32606**

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

Based on observation, interview and record review, the facility failed to ensure a safe and sanitary environment, for 20 of 20 residents.

Findings:

During a tour of the facility on at 10:15 AM numerous stains and debris on the carpet were observed in 4 of 4 wings, and in the common areas of the facility. Stained areas of carpet were also observed in the entrance as well as in several of the resident (see photographic evidence).

An interview and tour was conducted at 10:15 AM on with Administrator. The Administrator confirmed the carpets were stained. She stated that the carpets are an area of concern and are cleaned as needed.

A review of the facility's cleaning policies was conducted on at 12:30 PM, which included the Common Area Cleaning and Resident Apartment Cleaning Policies. Neither policy mentions full carpet cleaning; the only mention of carpet cleaning is "spot cleaning of upholstered furniture/carpet, 3-7 times per week," in the common areas of the facility.

Class III