STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964477	R
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 revisit survey was conducted on at Brookdale Port Charlotte, an Assisted Living Facility (license #9027) located in Port Charlotte, Florida. This was a follow-up to the Complaint, CCR #2016006378, survey completed on .

There was one deficiency previously identified and it was recited during the follow-up visit.

0152 Physical Plant - Safe Living Environ/Other

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

The findings included:

On at 8:00 a.m., the kitchen was observed. The island in the center of the kitchen had not been repaired. The island prep area had 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. All three vents at the ceiling had accumulated dust.

On at 8:05 a.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 dated / / for them. He stated the cabinets were supposed to be installed on . He said they brought the waste container, but they never came to install the new cabinets. He also provided a work ordered dated / / to a contracting company for a "kitchen refurbishing." He also said they were planning on re-grouting and cleaning all tiles. He said they also were supposed to replace the missing tiles at the same time. A similar statement was made by the dietary manager on at 8:15 a.m. Both the maintenance director and the dietary manager also said the corporate office was informed of the delay, but no one told them when the delivery day will be.

They said the Administrator is also being aware of the problem, but was out of her control since corporate office had the final say.

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 second State Licensure Revisit Survey conducted on 19, 2016 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the uncorrected deficiency was 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. 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

YOSF

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