STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965474	R / /
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEKIWA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **203 S WEKIWA SPRINGS ROAD APOPKA, FL 32703**	

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

0000 Initial Comments

On / / a revisit to the biennial re-licensure survey with Limited Nursing Services (LNS) was conducted at Brookdale Wekiwa Springs, License #9829. Deficient practice was identified at the time of the visit.

0167 Resident Contracts

DEFICIENCY REMAINED UNCORRECTED.

Based on resident contract review and interview, the facility still did not ensure that each resident's contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 2 of 2 sampled resident ' s contracts (#1 and #3).

Findings:

1. Review of the contracts for resident#3 revealed the contracts did not include a statement to inform the resident or her responsible party that all residents must be assessed upon admission and every 3 years thereafter, or after a significant change whichever comes first.

The contract noted "In addition, not more than thirty (30) days prior to the date of this Agreement, and at least annually, thereafter or upon our request, you agree to undergo an examination by your physician (or other licensed provider as allowed by law)."

2. Resident#1's contract did not contain a list of specific services and costs that were provided under the Limited Nursing Services (LNS) license that was held by the facility.

On / / at 3:00 p.m. the director of nursing stated that the facility had not corrected its resident contract because the existing contract had already contained language that complied to the requirement.

She confirmed that Resident#1's contract did not have a list of LNS services and costs.

Class

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965474 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEKIWA SPRINGS	203 S WEKIWA SPRINGS ROAD APOPKA, FL 32703

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0025	Correction	ID Prefix A0030	Correction	ID Prefix A0052	Correction
Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 58A-5.0182(6) FAC, 429.28(1-2) FS	Completed	Reg. # 58A-5.0185 (3)	Completed
LSC		LSC		LSC	
ID Prefix A0054	Correction	ID Prefix A0078	Correction	ID Prefix A0081	Correction
Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.0191(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0084	Correction	ID Prefix A0086	Correction	ID Prefix A0091	Correction
Reg. # 58A-5.0191(5) FAC	Completed	Reg. # 58A-5.0191(9) FAC	Completed	Reg. # 58A-5.0191(12) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0152	Correction	ID Prefix AZ814	Correction	ID Prefix AZ815	Correction
Reg. # 58A-5.023(3) FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 11/4/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
9/12/2016	

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2016

Administrator
Brookdale Wekiwa Springs
203 S Wekiwa Springs Road
Apopka, FL 32703

RE: Revisit to Re-licensure survey w/LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 1, 2016, by representative(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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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