STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964437	11/15/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PUNTA GORDA ISLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **250 BAL HARBOR BLVD** **PUNTA GORDA, FL 33950**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted 11/14/16 through 11/15/16 at Brookdale Punta Gorda Isles, an assisted living facility, (license #8980), in Punta Gorda, Florida. The Limited Nursing Service Monitoring survey was completed during the survey.

The following is description of the deficiency.

0078 Staffing Standards - Staff

Based on staff record review and interview, the facility failed to have annual documentation of freedom from ( ) for 2 (Staff A and Staff C) of 3 staff records reviewed.

The findings included:

On / review of Staff A and Staff C's personnel record did not show any documentation of an annual Freedom from statement.

During an interview on / the Executive Director said there were no statements in the files.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Brookdale Punta Gorda Isles
250 Bal Harbor Blvd
Punta Gorda, FL 33950

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of the identified deficiency. Submit summary and documents to the Field Office no later than , 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 deficiency 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 surveyors. 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

XG90

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Fort Myers, FL 33901
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