STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911017	12/07/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MARGATE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5600 LAKESIDE DRIVE NORTH** **MARGATE, FL 33063**	

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

0000 - Initial Comments

An unannounced licensure complaint survey (CCR #2016011298) was conducted on- 12/7/2016 at Brookdale Margate (License # 7694). The facility had a deficiency identified at the time of the visit.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations, record review and interviews, the facility failed to provide a home-like environment that was safe, free of hazards for, to 1 out of 3 sampled residents ' (Resident #2).

The findings include:

During a complaint investigation conducted at the facility on , Suite 304 with two (one vacant and one occupied by Resident #2), # was observed to be in deplorable and unsanitary condition. The carpet was very dirty. The hallway leading to the entrance of the , the beige carpet was almost totally black. There was a foul and overwhelming odor as soon as one enters the . The smell in the resident's closet was even worse. The dresser in the a broken draw exposing the metal parts of the draw. Additionally, the walls leading to the scraped, had peeling paint and plaster that exposed the metal part of the ridge of the wall. The Business Office Director present during this observation reported that the resident had been non-compliant to care.

Review of Resident #2's health assessment record (AHCA form 1823) revealed the resident suffers from , , Spinal and . Resident #2 is also in one eye, is hard of hearing and is of both bowel and .

During an interview with Resident #2, on at around 10:05 AM, she reported that she was fine. But, when questioned regarding her dresser's broken draw, she said that she found it that way when she moved in. She also reported that she had asked for it to be fixed, but nothing was done.

During an interview with the Maintenance Director on , he reported that he was aware of the resident ' s . However, he stated that the resident does not want to leave the she urinates on her bed, the carpet and her clothes. The Maintenance Director also stated that the resident has and that she has been in that situation since she moved in. She does not cooperate with staff.

The Maintenance Director was asked why he has not changed the resident's bed. He shrugged it off and replied that the facility does not provide bedding for the residents since most of the residents brought in

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their own. However, he admitted that it is the facility's responsibility to provide at a minimum a bed to every resident. Also, he later indicated that the flooring in the room could be changed from carpet to vinyl or tile.

During an interview with one of the Housekeepers on at 11:30 AM, she reported that Resident #2 in refuses to wear a diaper and has been " peeing " in her bed daily. She said that she replaces the linen, she vacuums and mops the , but the resident is difficult to manage.

During the exit meeting, the Business Office Director acknowledged the findings and stated that the issues will definitely be addressed.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Brookdale Margate
5600 Lakeside Drive North
Margate, FL 33063

RE: CCR #2016011298

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies 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 each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** 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 deficiencies 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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