STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964477	01/23/2017
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 abbreviated biennial survey with a limited nursing services component was conducted on /17 at Brookdale Port Charlotte (license #9027), an assisted living facility in Port Charlotte, Florida.

There were no deficiencies in relation to the limited nursing services survey.

The following is a description of the deficiencies for the biennial survey.

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and staff interview, the facility failed to provide a current planned menu available to all residents in the facility.

The findings included:

During a tour on / at 9:45 a.m., it was observed that the menu hung on the wall next to the dining for the previous 2 weeks, / through /. The current menu had not been hung up yet.

In an interview on / at 11:35 a.m., the Dining Services Coordinator stated he normally puts the menu up on Mondays, but he had not done it yet that day.

Class

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

Based on observation and interview, the facility failed to maintain a clean living environment for the residents.

The findings included:

1. During a tour of the facility on / / at 8:10 a.m., had a dirty carpet. There were black marks from the wheelchair on the carpet.

During an interview on / / at 8:10 a.m., the Maintenance Director said it was just cleaned.

2. had gouges in the wall going into the in the the toilet. The

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doorjambs were all scuffed and have black marks on them.

During an interview on 1/23/17 at 8:10 a.m., the Maintenance Director said it was from the resident's wheelchair. The Maintenance Director also said that he keeps repairing the gouges and the wheelchair keeps making the same damage.

3. There was a stain on the carpet outside of .

During an interview on / / at 8:10 a.m., the Maintenance Director said it has been there since he started in 2015.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Brookdale Port Charlotte
18440 Toledo Blade Blvd
Port Charlotte, FL 33952

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

for

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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