

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964856	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TEQUESTA	STREET ADDRESS, CITY, STATE, ZIP CODE 211 VILLAGE BLVD TEQUESTA, FL 33469	

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

0000 - Initial Comments

An unannounced licensure complaint survey (CCR #2019000857) was conducted on [redacted] at Brookdale Tequesta (Clare Bridge), License #9321. The facility had deficiencies at the time of the survey.

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

Based on observation and staff interview, the facility failed to:

- 1) Maintain carpeting throughout the common areas and hallways, and flooring in resident rooms, in a clean, sanitary condition.;
- 2) Ensure 1 of 6 sampled resident rooms had a clean mattress free from [redacted] stains and odor (Resident #6, [redacted]);
- 3) Ensure 1 of 6 sampled resident rooms and clean bedding free from [redacted] odor (Resident #7, [redacted]);
- 4) Maintain painted surface of Resident's entrance door to [redacted] (Resident #8);
- 5) Ensure paper towel dispenser in Women's restroom was in good working order;
- 6) Ensure furniture in front common area was free from visible soil/stains.

The findings included:

On [redacted] at 11:30 AM, a tour was conducted with the Health and Wellness Director of the facility's common areas and a sample of 7 randomly chosen resident rooms ([redacted], 121, 128, 130, and 134). The following concerns were observed:

- 1) The carpet in the front common area and hallways was visibly soiled and stained in many areas. The floor in [redacted] was littered with dust and debris, and the floor in [redacted] had a large amount of, what appeared to be crushed potato chips, all over the floor along the right side of the bed.
- 2) Mattress in [redacted] was heavily stained in multiple spots with [redacted], and the room had a strong stench of [redacted] when entering;
- 3) [redacted] had a strong odor of [redacted] near the resident's bed. No [redacted] stains could be seen on the bed without stripping all the bed linens off the bed, but the [redacted] smell became extremely strong the closer one came to the resident's bedding.
- 4) The entrance door to [redacted] had a large area of paint peeling from the surface of the door.
- 5) The paper towel dispenser in the public women's bathroom located next to dining room, which is also used by the female residents, was not in working order. A loose roll of paper towels was laid on top of the wall dispenser [approximately 70 inches high from the floor].
- 6) An upholstered arm chair located in the front common lobby area was visibly stained/soiled.

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During the tour on at 11:30 AM, the Health and Wellness Director acknowledged the concerns found in the residents' rooms. She stated residents' rooms are cleaned and linens changed weekly, and as needed. Daily, the will tidy up by making the beds and emptying trash. It was expected that aides or family should communicate any housekeeping issues to the nurse or Health & Wellness Director. On at 2:00 PM, the Administrator acknowledge the environmental findings and confirmed the housekeeping schedule and expectations of staff and family to inform the facility of any concerns. Interview conducted with family member on at 4:30 PM revealed some housekeeping concerns. This family member stated, "As far as housekeeping, they could be better. I visit [family member] often and at various times. Some days are better than others, but I think they could do a better job." This family member stated that during a recent visit the odor in the facility was especially strong. "I'm not sure what was causing it, but it wasn't good." Class III		