

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967780	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/05/2012
NAME OF PROVIDER OR SUPPLIER BROOKS MANOR ALF			STREET ADDRESS, CITY, STATE, ZIP CODE 2043 SE WATERCREST ST PORT SAINT LUCIE, FL 34984		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments An unannounced visit was made to Brooks Manor Assisted Living Facility in Port Saint Lucie, Florida on 7/6/12. The facility was found to be in compliance with State Regulations at the time of the LNS Monitoring visit. The facility did not have any LNS residents at the time of the visit.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

P40S11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 6, 2012

Administrator
Brooks Manor ALF
2043 S.E. Watercrest Street
Port Saint Lucie, FL 34984

Dear Administrator:

This letter reports findings of a Limited Nursing Services survey conducted on July 5, 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates there were no discernible deficiencies noted on the date of the survey.

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 this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

N.C. Boyles, HFE Supervisor
for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

