

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965107	(X3) DATE SURVEY COMPLETED 07/21/2014
NAME OF PROVIDER OR SUPPLIER Brighton Gardens	STREET ADDRESS, CITY, STATE, ZIP CODE 16702 North Dale Mabry Tampa, FL 33618	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-07/21/2014
E210-Ecc - Training-07/21/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 28, 2014

Administrator
Brighton Gardens
16702 North Dale Mabry
Tampa, FL 33618

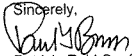
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 21, 2014, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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