

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/07/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910005	(X3) DATE SURVEY COMPLETED 01/07/2015
NAME OF PROVIDER OR SUPPLIER Brookdale Bayshore	STREET ADDRESS, CITY, STATE, ZIP CODE 4902 Bayshore Blvd Tampa, FL 33611	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-01/07/2015
0082-Training - Hiv/aids-01/07/2015
0091-Training - Documentation & Monitoring-01/07/2015



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2015

Administrator
Brookdale Bayshore
4902 Bayshore Blvd
Tampa, FL 33611

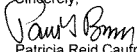
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on January 7, 2015, 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 desk review.

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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