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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964130</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>01/23/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Brookdale Clearwater</b>                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2750 Drew Street<br/>Clearwater, FL 33759</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                           |                                                     |

**Revisit Corrected Tags:**

0026-Resident Care - Social & Leisure Activities-01/23/2015  
0052-Medication - Assistance With Self-Admin-01/23/2015  
0152-Physical Plant - Safe Living Environ/other-01/23/2015



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 28, 2015

Administrator  
Brookdale Clearwater  
2750 Drew Street  
Clearwater, FL 33759

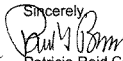
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 23, 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 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/clt  
Enclosure: State Form (5000-3547)

