



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 20, 2015

Administrator
Brookdale Spring Hill
10440 Palmgren Lane
Spring Hill, FL 34606

RE: CCR #2014012011

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 5, 2015 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964750	(X3) DATE SURVEY COMPLETED 02/05/2015
NAME OF PROVIDER OR SUPPLIER Brookdale Spring Hill	STREET ADDRESS, CITY, STATE, ZIP CODE 10440 Palmgren Ln Spring Hill, FL 34606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On February 5, 2015 an unannounced Complaint Investigation, CCR#2014012011, was conducted at Brookdale Assisted Living Facility located in Spring Hill, Florida. Deficient practice was not identified at the time of the survey.