

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965814	(X3) DATE SURVEY COMPLETED 05/06/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE BECKETT LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 2155 MONTCLAIR ROAD CLEARWATER, FL 33763	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

Assisted Living Facility

Brookdale Beckett Lake, had no deficiencies at the time of visit.

An unannounced complaint survey was conducted on 5/6/2015.

CCR# 2015001391



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 15, 2015

Administrator
Brookdale Beckett Lake
2155 Montclair Road
Clearwater, FL 33763

RE: CCR #2015001391

Dear Administrator:

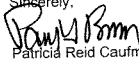
This letter reports the findings of a complaint survey completed on May 6, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 the surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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