

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11963865

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/15/2015

Name of Facility
BROOKDALE SUNRISE

Street Address, City, State, Zip Code
4201 SPRINGTREE DRIVE
SUNRISE, FL 33351

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0152	Correction Completed 06/15/2015	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.023(3) FAC LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By *AW*
State Agency
Reviewed By
CMS RO

Reviewed By *MS*
Reviewed By

Date: 6/14/15
Date:

Signature of Surveyor: *[Signature]*
Signature of Surveyor:

Date: 6/14/15
Date:

Followup to Survey Completed on:
5/12/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 29, 2015

Administrator
Brookdale Sunrise
4201 Springtree Drive
Sunrise, FL 33351

Dear Administrator:

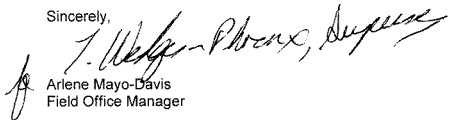
This letter reports the findings of a state licensure survey revisit (CCR #2015001768) conducted on June 15, 2015 by a representative of this office.

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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dmb

DT9D

