

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910005	(X3) DATE SURVEY COMPLETED 06/25/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015003175, was conducted on 6/25/15.

The Brookdale Bayshore, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 2, 2015

Administrator
Brookdale Bayshore
4902 Bayshore Blvd
Tampa, FL 33611

RE: **CCR# 2015003175**

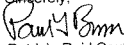
Dear Administrator:

This letter reports the findings of a complaint survey completed on June 25, 2015, by representative(s) of this office.

Attached is the provider's copy of the 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 Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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