

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/07/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953622	(X3) DATE SURVEY COMPLETED 06/30/2015
NAME OF PROVIDER OR SUPPLIER FREEDOM INN AT BAY PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 9797 BAY PINES BLVD SAINT PETERSBURG, FL 33708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A limited nursing services (LNS) monitoring visit was conducted on 6/30/15. The Brookdale Bay Pines assisted living facility had no deficiencies found at the time of the visit.		



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 7, 2015

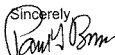
Administrator
Brookdale at Bay Pines
9797 Bay Pines Blvd
Saint Petersburg, FL 33708

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on June 30, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call **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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