STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910091	**07/17/2015**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKELAND HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2111 LAKELAND HILLS BLVD. LAKELAND, FL 33805**	

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

0000 Initial Comments

Assisted Living Facility

Three unannounced complaint surveys, CCR# 2015004074, CCR# 2015004336, and CCR# 2015005513, were conducted on 7/16/15 & 7/17/15, in conjunction with a biennial state licensure survey with limited nursing services (LNS).

Brookdale Lakeland Hills, assisted living facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 27, 2015

Administrator
Brookdale Lakeland Hills
2111 Lakeland Hills Blvd.
Lakeland, FL 33805

RE: Biennial w LNS, CCR# 2015004074, 2015004336, & 2015005513

Dear Administrator:

This letter reports the findings of biennial state licensure survey with limited nursing services (LNS) and three complaint surveys conducted on July 16-17, 2015, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during these surveys.

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 Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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