

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910091	(X3) DATE SURVEY COMPLETED 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

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

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

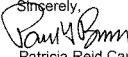
Dear Administrator:

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,

FO' Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

