

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/14/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963945	(X3) DATE SURVEY COMPLETED 08/11/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE BRANDON	STREET ADDRESS, CITY, STATE, ZIP CODE 700 S. KINGS AVENUE BRANDON, FL 33511	

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

0000 Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015005566, was conducted in conjunction with a biennial state licensure survey on 8/10-11/15.

The Brookdale Brandon, assisted living facility, had no deficiencies identified relative to the complaint survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2015

Administrator
Brookdale Brandon
700 S. Kings Avenue
Brandon, FL 33511

RE: CCR# 2015005566

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 11, 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

