AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	**08/19/2015**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OAKBRIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3110 OAKBRIDGE BLVD E.** **LAKELAND, FL 33803**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted in conjunction with a complaint survey, CCR# 2015008147, on 08/19/15.

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 28, 2015

Administrator
Brookdale Oakbridge
3110 Oakbridge Blvd E.
Lakeland, FL 33803

RE: Biennial & **CCR# 2015008147**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey completed on August 19, 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,

Patricia Reid Caufman
for Field Office Manager

PRC

Enclosures: State (5000-3547) Forms

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