

9/17/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964525	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/4/2015
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Name of Facility

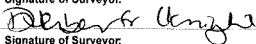
BROOKDALE CENTRE POINTE BOULEVARD

Street Address, City, State, Zip Code

1980 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC: 429.28 LSC	Correction Completed 09/04/2015	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 09/04/2015	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 09/04/2015
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: 	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on:

6/30/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/17/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964525	(X3) DATE SURVEY COMPLETED R 09/04/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE CENTRE POINTE BOULEVARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	

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

0000 Initial Comments

An unannounced revisit survey was conducted on 9/4/15. There were no deficiencies found at the time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2015

Administrator
Brookdale Centre Pointe Boulevard
1980 Centre Pointe Blvd.
Tallahassee, FL 32308

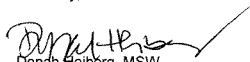
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 4, 2015 by representative(s) of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
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