| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964341 | 09/15/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE PORT ORANGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**955 VILLAGE TRAIL DRIVE**<br>**PORT ORANGE, FL 32129** | |

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

**0000 Initial Comments**

An unannounced Limited Nursing Services survey was conducted at Brookdale Port Orange on September 15, 2015. No licensure deficiencies were identified as a result of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 18, 2015

Administrator
Brookdale Port Orange
955 Village Trail Drive
Port Orange, FL 32129

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on September 15, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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