

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/07/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910091	(X3) DATE SURVEY COMPLETED 11/25/2015
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

On November 25, 2015, a limited nursing services (LNS) monitoring visit was conducted in conjunction with a complaint investigation (CCR# 2015011107). Brookdale Lakeland Hills, Assisted Living Facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 7, 2015

Administrator
Brookdale Lakeland Hills
2111 Lakeland Hills Blvd.
Lakeland, FL 33805

RE: Limited Nursing Services (LNS) Monitoring Visit & CCR# 2015011107

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit and a complaint survey completed on November 25, 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 Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Forms

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