



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Administrator  
Brookdale Tavares  
2232 Dora Avenue  
Tavares, FL 32778

Re: CCR #2015008373

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on December 23, 2015 by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

DT9D



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 12/15/2015  
FORM APPROVED

|                                                              |                                                                                              |                                                                        |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| STATEMENT OF<br>DEFICIENCIES                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964319</b>               | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><br><b>12/15/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE TAVARES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2232 DORA AVENUE</b><br><b>TAVARES, FL 32778</b> |                                                                        |

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

**0000 Initial Comments**

A Desk Review was conducted on December 15, 2015 for Brookdale of Tavares. Previously cited deficiencies were found to have been corrected.