

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963865	(X3) DATE SURVEY COMPLETED 12/07/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE SUNRISE	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 SPRINGTREE DRIVE SUNRISE, FL 33351	

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

0000 Initial Comments

A complaint investigation CCR 2015009497 was conducted on 12/07/2015. Brookdale of Sunrise had no deficiencies at the time of the investigation



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 12, 2016

Administrator
Brookdale Sunrise
4201 Springtree Drive
Sunrise, FL 33351

RE: CCR #2015009497

Dear Administrator:

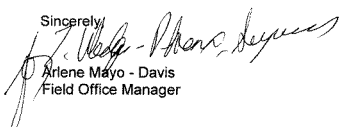
This letter reports the findings of a Complaint Survey completed on December 7, 2015 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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