

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/12/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964130	(X3) DATE SURVEY COMPLETED 01/04/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE CLEARWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 2750 DREW STREET CLEARWATER, FL 33759	

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

0000 Initial Comments

Assisted Living Facility Complaint

A complaint investigation (CCR# 2015011672) was conducted at Brookdale Clearwater on 1/4/16 in conjunction with a revisit to the 10/19/15 complaint (CCR 2015008085). Brookdale Clearwater, Assisted Living Facility, had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2016

Administrator
Brookdale Clearwater
2750 Drew Street
Clearwater, FL 33759

RE: Revisit & CCR# 2015011672

Dear Administrator:

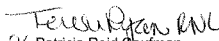
This letter reports the findings of a state licensure survey revisit and a complaint survey completed on January 4, 2016, by representative(s) of this office.

Attached are the provider's copies of the Revisit Report, which indicates the previously cited deficiency was corrected relative to the Revisit, and the 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 surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,


Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 5000-3547

