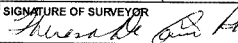


# STATE FORM: REVISIT REPORT

|                                                                  |                                                                               |                              |
|------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>AL11965368 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | DATE OF REVISIT<br>2/11/2016 |
| NAME OF FACILITY<br>BROOKDALE OCOEE                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>80 NORTH CLARK RD<br>OCOEE, FL 34761 |                              |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM<br>Y4                                | DATE<br>Y5 | ITEM<br>Y4               | DATE<br>Y5 | ITEM<br>Y4               | DATE<br>Y5 |
|-------------------------------------------|------------|--------------------------|------------|--------------------------|------------|
| ID Prefix A0025                           | Correction | ID Prefix A0081          | Correction | ID Prefix A0086          | Correction |
| Reg. # 429.26(7) FS;<br>58A-5.0182(1) FAC | Completed  | Reg. # 58A-5.0191(2) FAC | Completed  | Reg. # 58A-5.0191(9) FAC | Completed  |
| LSC                                       | 02/11/2016 | LSC                      | 02/11/2016 | LSC                      | 02/11/2016 |
| ID Prefix A0167                           | Correction | ID Prefix                | Correction | ID Prefix                | Correction |
| Reg. # 58A-5.025 FAC                      | Completed  | Reg. #                   | Completed  | Reg. #                   | Completed  |
| LSC                                       | 02/11/2016 | LSC                      |            | LSC                      |            |
| ID Prefix                                 | Correction | ID Prefix                | Correction | ID Prefix                | Correction |
| Reg. #                                    | Completed  | Reg. #                   | Completed  | Reg. #                   | Completed  |
| LSC                                       |            | LSC                      |            | LSC                      |            |
| ID Prefix                                 | Correction | ID Prefix                | Correction | ID Prefix                | Correction |
| Reg. #                                    | Completed  | Reg. #                   | Completed  | Reg. #                   | Completed  |
| LSC                                       |            | LSC                      |            | LSC                      |            |
| ID Prefix                                 | Correction | ID Prefix                | Correction | ID Prefix                | Correction |
| Reg. #                                    | Completed  | Reg. #                   | Completed  | Reg. #                   | Completed  |
| LSC                                       |            | LSC                      |            | LSC                      |            |
| ID Prefix                                 | Correction | ID Prefix                | Correction | ID Prefix                | Correction |
| Reg. #                                    | Completed  | Reg. #                   | Completed  | Reg. #                   | Completed  |
| LSC                                       |            | LSC                      |            | LSC                      |            |

|                                                      |                           |      |                                                                                                              |                 |
|------------------------------------------------------|---------------------------|------|--------------------------------------------------------------------------------------------------------------|-----------------|
| REVIEWED BY<br>STATE AGENCY <input type="checkbox"/> | REVIEWED BY<br>(INITIALS) | DATE | SIGNATURE OF SURVEYOR<br> | DATE<br>2/15/16 |
| REVIEWED BY<br>CMS RO <input type="checkbox"/>       | REVIEWED BY<br>(INITIALS) | DATE | TITLE                                                                                                        | DATE            |

|                                              |                                                                                                                                             |                                                          |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| FOLLOWUP TO SURVEY COMPLETED ON<br>12/9/2015 | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 15, 2016

Administrator  
Brookdale Ocoee  
80 North Clark Rd  
Ocoee, FL 34761

RE: Revisit to relicensure w/Limited Nursing Services

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 11, 2016 by representative(s) of this office.

Attached 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(s). Should you have any questions please call Lorriane Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

DT9D

