

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/08/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910048	(X3) DATE SURVEY COMPLETED 03/30/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE PALMA SOLA	STREET ADDRESS, CITY, STATE, ZIP CODE 450 67TH STREET, WEST BRADENTON, FL 34209	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On March 30, 2016 a biennial re-licensure survey with limited nursing services (LNS) was conducted at Brookdale Palma Sola Assisted Living Facility. No deficient practice was identified at the time of the surveys.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 8, 2016

Administrator
Brookdale Palma Sola
450 67th Street, West
Bradenton, FL 34209

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on March 30, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,


Patricia Reid-Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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