

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965048	(X3) DATE SURVEY COMPLETED 05/02/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVIEDO	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 PINE BARK PT OVIEDO, FL 32765	

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

0000 Initial Comments

Complaint investigation #2016001493 was conducted on 5/02/2016. Brookdale Oviedo did not have deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 12, 2016

Administrator
Brookdale Oviedo
1725 Pine Bark Pt
Oviedo, FL 32765

RE: CCR #2016001493

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 2, 2016 by representative(s) of 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 surveyor(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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