RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 17, 2016

Administrator
Brookdale Citrus
2341 W. Norvell Bryant Highway
Lecanto, FL 34461

RE: CCR #2016001970

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 13, 2016 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Charles Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

8JK1

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963839	**05/13/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CITRUS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2341 W. NORVELL BRYANT HIGHWAY** **LECANTO, FL 34461**	

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

0000 Initial Comments

An unannounced visit for Complaint investigation # 2016001970 was conducted on 5/13/16 at Brookdale Citrus Assisted Living Facility in Lecanto, Florida. No deficiencies were identified.