

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/29/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964490	(X3) DATE SURVEY COMPLETED 06/24/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE DELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1210 NORTH STONE STREET DELAND, FL 32724	

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

0000 Initial Comments

An unannounced capacity increase survey was conducted Brookdale DeLand (License #9032) on June 24, 2016. There were not any deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 29, 2016

Administrator
Brookdale DeLand
1210 North Stone Street
DeLand, FL 32724

Dear Administrator:

This letter reports findings of a state licensure capacity increase survey that was conducted on June 24, 2016 by a representative 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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