AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	**07/29/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BECKETT LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2155 MONTCLAIR ROAD** **CLEARWATER, FL 33763**	

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

0000 Initial Comments

Assisted Living Facility

Two unannounced complaint surveys, (CCR# 2016005833 & CCR# 2016007709), were conducted on 7/29/16.

The Brookdale Beckett Lake, Assisted Living Facility, (License #10143), had no deficiencies at the time of this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 5, 2016

Administrator
Brookdale Beckett Lake
2155 Montclair Road
Clearwater, FL 33763

RE: CCR# 2016005833 & CCR# 2016007709

Dear Administrator:

This letter reports the findings of two complaint surveys completed on July 29, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during these surveys. **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(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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