STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965713	**08/03/2016**
NAME OF PROVIDER OR SUPPLIER **SOUTHLAND SUITES OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **4250 LAKELAND HIGHLANDS RD** **LAKELAND, FL 33813**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey (abbreviated) with Limited Nursing Services (LNS) was conducted on 8/3/16.

The Brookdale Highlands, Assisted Living Facility, (formerly Southland Suites of Lakeland), had no deficiencies at the time of this visit.

(License # 10064)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2016

Administrator
Brookdale Highlands
(formerly Southland Suites of Lakeland)
4250 Lakeland Highlands Rd
Lakeland, FL 33813

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey with limited nursing services (LNS) that was conducted on August 3, 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 **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,

for Teresa Ryan RNC
Patricia Reid Cautman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

1GGN

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