STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910810	**09/19/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PINECREST**	STREET ADDRESS, CITY, STATE, ZIP CODE **1150 8TH AVENUE, S.W.** **LARGO, FL 33770**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2016007762 and CCR# 2016009472, were conducted at Brookdale Pinecrest Assisted Living Facility on 9/19/2016. Brookdale Pinecrest, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 93)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 30, 2016

Administrator
Brookdale Pinecrest
1150 8th Avenue, S.W.
Largo, FL 33770

RE: CCR# 2016007762 & CCR# 2016009472

Dear Administrator:

This letter reports the findings of two complaint surveys completed on September 19, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Forms, 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 Form 5000-3547

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St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com