AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	**10/06/2016**
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

Assist Living Facility

Two complaint surveys, CCR# 2016007906 and CCR# 2016010042, were conducted at Brookdale Beckett Lake, Assisted Living Facility, on 10/6/2016. Brookdale Beckett Lake, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 10143)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 20, 2016

Administrator
Brookdale Beckett Lake
2155 Montclair Road
Clearwater, FL 33763

RE: CCR #2016007906 & 2016010042

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 6, 2016 by representative(s) of this office.

Attached 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(s). Should you have any questions, please contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FW Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

8JK1

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida