

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/05/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911315	(X3) DATE SURVEY COMPLETED 11/22/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE TITUSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 HARRISON STREET TITUSVILLE, FL 32780	

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

0000 Initial Comments

Complaint investigation #2016010142 was conducted on 11/22/2016. Brookdale Titusville, license #5758, did not have any deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 5, 2016

Administrator
Brookdale Titusville
1800 Harrison Street
Titusville, FL 32780

RE: CCR #2016010142

Dear Administrator:

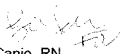
This letter reports the findings of a complaint survey completed on November 22, 2016 by representative(s) of this office.

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 Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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