



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 23, 2016

Administrator
Brookdale Citrus
2341 W. Norvell Bryant Highway
Lecanto, FL 34461

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 25, 2016 through October 26, 2016 by representative(s) of this office. Enclosed 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 Chuck Bory at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

1GGN



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/23/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963839	(X3) DATE SURVEY COMPLETED 10/26/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE CITRUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2341 W. NORVELL BRYANT HIGHWAY LECANTO, FL 34461	

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

0000 - Initial Comments

REVISED on 12/23/2016: Deficiency 0167-Resident Contracts, is being deleted.

On October 25, 2016 through October 26, 2016 a biennial relicensure survey was conducted at Brookdale Citrus Assisted Living Facility (facility license number 5657). The facility was in compliance at this time.