



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 24, 2017

Administrator
Brookdale Oviedo
1725 Pine Bark Pt
Oviedo, FL 32765

RE: CCR #2016014076

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 5, 2017 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

TDC:clr
Enclosure

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AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965048	(X3) DATE SURVEY COMPLETED 01/05/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVIEDO	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 PINE BARK PT OVIEDO, FL 32765	

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

0000 - Initial Comments

Complaint investigation #2016014076 was conducted on 01/5/2017. Brookdale Oviedo, license# 9525 had no deficiencies found at the time of the visit.