



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 24, 2017

Administrator
Brookdale Tuskawilla
1016 Willa Springs Drive
Winter Springs, FL 32708

RE: CCR #2016012262

Dear Administrator:

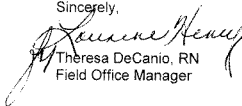
This letter reports the findings of a complaint survey completed on January 10, 2017 by representative(s) of this office.

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: AL11964388	(X3) DATE SURVEY COMPLETED 01/10/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE TUSKAWILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A Complaint Investigation CCR#2016012262 was conducted on 1/10/2017. Brookdale Tuskawilla license #8985 had no deficiencies at the time of the visit.