| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910810** | **01/23/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE PINECREST** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1150 8TH AVENUE, S.W.**<br>**LARGO, FL 33770** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A complaint survey, CCR# 2016013949, was conducted at Brookdale Pinecrest Assisted Living Facility on 01/23/2017. Brookdale Pinecrest Assisted Living Facility had no deficient practice identified at the time of the survey.

(License # 93)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 1, 2017

Administrator
Brookdale Pinecrest
1150 8th Avenue, S.W.
Largo, FL 33770

**RE: CCR# 2016013949**

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 23, 2017, by representative(s) of this office.

Attached is the provider's copy of the 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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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