

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965370	(X3) DATE SURVEY COMPLETED 02/06/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE ALTAMONTE SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714	

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

0000 - Initial Comments

A Monitoring visit was conducted on 2/6/2017. Brookdale Altamonte Springs Assisted Living Facility (License# 9786) had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 9, 2017

Administrator
Brookdale Altamonte Springs
360 Montgomery Road
Altamonte Springs, FL 32714

Re: Relicensure survey

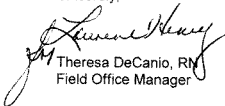
Dear Administrator:

This letter reports findings of a Relicensure survey that was conducted on February 6, 2017 by representative(s) of this office. Attached 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 Theresa DeCanio at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

TD:ac
Enclosure

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