



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 21, 2015

Administrator
Brookdale Hunter's Crossing
4607 NW 53rd Avenue
Gainesville, FL 32606

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 6, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/21/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965013	(X3) DATE SURVEY COMPLETED R 04/06/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE HUNTER'S CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 4607 NW 53RD AVENUE GAINESVILLE, FL 32606	

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

0000 - Initial Comments

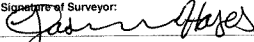
On 04/06/2015 unannounced follow-up survey to CCR #2015001265 was conducted at Brookdale at Hunter's Crossing Assisted Living Facility in Gainesville, Florida. Previously cited deficiencies were cleared at the time of the survey.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965013	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/6/2015
Name of Facility BROOKDALE HUNTER'S CROSSING		Street Address, City, State, Zip Code 4607 NW 53RD AVENUE GAINESVILLE, FL 32606

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0165</u> Reg. # <u>429.23(1-4 & 6-10) FS: 58#</u> LSC _____	Correction Completed 04/06/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency _____	Reviewed By  Reviewed By _____	Date: <u>4/20/15</u>	Signature of Surveyor: 	Date: <u>4/20/15</u>
Reviewed By _____ CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: 2/11/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		