STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910533	**09/29/2015**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PHILLIPPI CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **5501 SWIFT ROAD** **SARASOTA, FL 34231**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR #2015009883 was conducted on 9/29/15 at Brookdale Philippi Creek, an Assisted Living Facility (ALF) in Sarasota Florida.

There is one allegation and it was not substantiated. The facility received no citations as a result of this complaint survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 30, 2015

Administrator
Brookdale Phillippi Creek
5501 Swift Road
Sarasota, FL 34231

RE: CCR #2015009883

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 29, 2015 by a representative 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. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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