

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965570	(X3) DATE SURVEY COMPLETED 11/17/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE ST AUGUSTINE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 MARINER HEALTH WAY ST AUGUSTINE, FL 32086	

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

0000 Initial Comments

An unannounced Limited Nursing Services visit was conducted on 11/17/15 at Brookdale Assisted Living in St. Augustine, Florida. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 15, 2015

Administrator
Brookdale St. Augustine
150 Mariner Health Way
St Augustine, FL 32086

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on November 17, 2015 by a representative 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/JM/sm
Enclosure

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