

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964787	(X3) DATE SURVEY COMPLETED 06/06/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE JENSEN BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Unannounced licensure complaint surveys, CCR#2016002508 & CCR#2016002899, were conducted on 06/06/2016 at Brookdale Jensen Beach (License #9294). The allegations were not substantiated. The facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 20, 2016

Administrator
Brookdale Jensen Beach
1700 NE Indian River Drive
Jensen Beach, FL 34957

RE: CCR #2016002508 & CCR #2016002899

Dear Administrator:

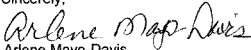
This letter reports the findings of complaint surveys completed on June 6, 2016 by a representative of this office.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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