STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965570	07/12/2016
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

A complaint investigation (CCR #2016005580) was conducted at Brookdale St. Augustine (License #9908) on 7/12/2016. Brookdale St. Augustine Assisted Living had no deficiencies at the time of the investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 26, 2016

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

RE: CCR #2016005580

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 12, 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.

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 (904) 798-4201.

Sincerely,

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

JS/JM/sm
Enclosure

BJK1

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