

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932640	(X3) DATE SURVEY COMPLETED 02/10/2015
NAME OF PROVIDER OR SUPPLIER Brookdale East Boynton Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 1935 South Federal Highway Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced licensure complaint survey, CCR#2014011382, was conducted on February 10, 2015 at Brookdale East Boynton Beach. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 24, 2015

Administrator
Brookdale East Boynton Beach
1935 South Federal Highway
Boynton Beach, FL 33435

RE: CCR #2014010922

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on February 10, 2015 by a representative from 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Ariene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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