

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965569	(X3) DATE SURVEY COMPLETED 05/02/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE BOCA RATON	STREET ADDRESS, CITY, STATE, ZIP CODE 9591 YAMATO ROAD BOCA RATON, FL 33434	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016001293, was conducted on 5/02/16 at Brookdale Boca Raton. The facility had no deficiencies identified at the time of the investigation.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 18, 2016

Administrator
Brookdale Boca Raton
9591 Yamato Road
Boca Raton, FL 33434

RE: CCR #2016001293

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 2, 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,

[Handwritten signature: J. Webb Davis]
Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

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