

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X3) DATE SURVEY COMPLETED 08/31/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE DELRAY BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 8020 W. ATLANTIC AVENUE DELRAY BEACH, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments An unannounced standard relicensure survey was conducted on 8/30/16 and 8/31/16 at Brookdale Delray Beach, License #9881. The facility had no deficiencies at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 14, 2016

Administrator
Brookdale Delray Beach
8020 W. Atlantic Avenue
Delray Beach, FL 33446

RE: Relicensure Survey

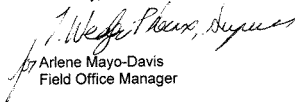
Dear Administrator:

This letter reports findings of a state Relicensure survey that was conducted on August 30, 2016 and August 31, 2016 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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