

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X3) DATE SURVEY COMPLETED 10/11/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE DELRAY BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 8020 W. ATLANTIC AVENUE DELRAY BEACH, FL 33446
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2016008004 was conducted on 10/11/2016 at Brookdale Delray Beach (License #9881). The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 25, 2016

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

RE: CCR #2016008004

Dear Administrator:

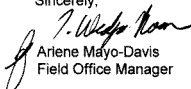
This letter reports the findings of a complaint survey completed on October 11, 2016 by a representative of this office.

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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