

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964916	(X3) DATE SURVEY COMPLETED R 05/04/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST BOYNTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 8220 JOG ROAD BOYNTON BEACH, FL 33437	

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

0000 - Initial Comments

An unannounced follow-up to licensure complaint surveys, # 2016013311 and #2016013974, was conducted on 05/04/17 at Brookdale West Boynton Beach (Lic #9384). The facility had no uncorrected deficiencies found at the time of the revisit.