

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964916	(X3) DATE SURVEY COMPLETED 06/22/2017
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 licensure complaint survey, CCR #2017005883 and #2017002914, was conducted on 06/22/2017 at Brookdale West Boynton Beach, License # 9384. The facility had no deficiencies at the time of the investigation.		