STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965531	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE FORT WALTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **233 CARMEL DRIVE** **FORT WALTON BEACH, FL 32547**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2017009761 was conducted at Brookdale Fort Walton Beach, license #9903, on 10/25/2017 and 10/26/2017. A biennial licensure survey with limited nursing services was conducted in conjunction. At the time of the survey, deficient practice was identified related to the licensure survey.