

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964916	(X3) DATE SURVEY COMPLETED R 12/06/2017
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 revisit to the licensure survey was conducted on 11/21/2017 and 12/06/2017 at Brookdale of West Boynton, License #9384. Previously cited deficiencies were found corrected.