STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965531	R **12/27/2017**
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

On 12/27/2017, a desk review revisit survey was completed for the licensure survey dated 10/26/2017 at Brookdale Fort Walton Beach, license #9903. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.