STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	R **05/18/2018**
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 re-visit to licensure complaint survey, CCR# 2017014976 survey was conducted on 5/18/18 at Brookdale West Boynton Beach ALF, License #9384. The facility had no deficiencies at the time of the visit.