

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964916	(X3) DATE SURVEY COMPLETED 05/31/2018
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 Complaint Survey CCR #2018003929 was conducted on 05/31/2018 at Brookdale West Boynton Beach assisted living facility, license #9384. The facility had no deficiencies at the time of the visit.