

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/15/2018  
FORM APPROVED

|                                                                         |                                                                                                                    |                                                                     |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11912077</b>                                        | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>07/31/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE PALM BEACH GARDENS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11381 PROSPERITY FARMS ROAD</b><br><b>PALM BEACH GARDENS, FL 33410</b> |                                                                     |

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

**0000 - Initial Comments**

An unannounced Change of Ownership (CHOW) revisit survey was conducted on 07/31/2018 at Brookdale Palm Beach Gardens (Lic #7375). All outstanding deficiencies were found corrected.