

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965054	(X3) DATE SURVEY COMPLETED 03/19/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHDAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 WEST BEARSS AVENUE TAMPA, FL 33618	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2019000996) was conducted at Brookdale Northdale on 03/19/2019 in conjunction with a revisit to complaint (CCR 2018016849). Brookdale Northdale had no deficiencies cited under the complaint at the time of the investigation. Deficient practice was cited related to the revisit.

(License #9500)