

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965054	(X3) DATE SURVEY COMPLETED R 05/15/2019
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 A revisit to 1/7/19 complaint #2018016849 was conducted at Brookdale Northdale on 5/15/19. The deficiency was found to be corrected at the time of the survey.		