

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11964916</b>	(X3) DATE SURVEY COMPLETED  <b>R</b>  <b>02/11/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE WEST BOYNTON BEACH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8220 JOG ROAD</b> <b>BOYNTON BEACH, FL 33437</b>	

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

**0000 - Initial Comments**

An unannounced licensure complaint revisit survey, CCR #2018015218, was conducted by desk review on 02/11/2019 for Brookdale West Boynton Beach, License #93814. The previously cited deficiency was found corrected at the time of the survey.