

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964525	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/02/2023
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CENTRE POINTE BOULEVARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On October 2, 2023, an unannounced desk review revisit survey was completed for the complaint survey for 2023011471 and 2022016030, originally ending August 3, 2023, at Brookdale Center Pointe Boulevard. Based on acceptable plan of correction and supporting documentation, the deficiency was found to be corrected.	A 000		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE