

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 03/26/2026
NAME OF PROVIDER OR SUPPLIER BROOKDALE CENTRE POINTE BOULEVARD			STREET ADDRESS, CITY, STATE, ZIP CODE 1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		
(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	
ZZ000	Initial Comments On March 26, 2026, an unannounced desk review revisit survey was completed for the biennial survey originally ending on 11/5/2025 at Brookdale Centre Pointe Boulevard, an assisted living facility in Tallahassee, FL. The deficiency was found corrected.	ZZ000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE