STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964897	12/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Deer Creek	2403 West Hillsboro Blvd Deerfield Beach, FL 33442	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-12/22/2014
0029-Resident Care - Nursing Services-12/22/2014
0030-Resident Care - Rights & Facility Procedures-12/22/2014
0054-Medication - Records-12/22/2014
0083-Training - First Aid And Cpr-12/22/2014
0163-Records - Resident, Penalties For Alteration-12/22/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-12/22/2014

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the licensure complaint survey was conducted on 12/15/14 -12/16/2014 and 12/22/2014. Brookdale at Deer Creek had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2015

Administrator
Brookdale Deer Creek
2403 West Hillsboro Blvd
Deerfield Beach, FL 33442

CCR #2014010566

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on December 15, 2014 through December 16, 2014 and December 22, 2014 by a representative from this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

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