

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964897	(X3) DATE SURVEY COMPLETED 12/29/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE DEER CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 2403 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442	

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

0000 - Initial Comments

An unannounced compliant survey (CCR#2016011263) was conducted at Brookdale Deer Creek (License#9401) on 12/22/2016 through 12/29/2016. The facility had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 11, 2017

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

RE: CCR #2016011263

Dear Administrator:

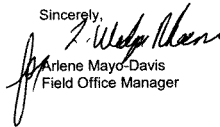
This letter reports the findings of a complaint survey completed on December 22, 2016 through December 29, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact the field office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

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