

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911017	(X3) DATE SURVEY COMPLETED R 02/09/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE MARGATE	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 LAKESIDE DRIVE NORTH MARGATE, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced follow-up desk review to the complaint survey (CCR #2016011298) was conducted on 2/09/2017 at Brookdale Margate (License # 7694). The facility had no deficiencies identified at the time of the visit.		