

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965814	(X3) DATE SURVEY COMPLETED R 04/27/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE BECKETT LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 2155 MONTCLAIR ROAD CLEARWATER, FL 33763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 04/27/17. The deficient practice previously identified during the complaint survey on 03/02/17 CCR# 2017000286 was corrected during the review. Lic # 10143		