STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964642	**05/16/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **3 CLUB HOUSE DRIVE** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

An unannounced limited nursing services monitoring survey was conducted a Brookdale Palm Coast on 5/16/2017.

Brookdale Palm Coast had no licensure deficiencies at the time of the visit.