STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964959	R **05/22/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PENSACOLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **8700 UNIVERSITY PARKWAY** **PENSACOLA, FL 32514**	

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

0000 - Initial Comments

A desk review revisit limited nursing services (LNS) monitoring visit was completed on May 22, 2017 for Brookdale of Pensacola, (License #9354). Based on an acceptable plan of correction and supporting documentation, deficiencies were found corrected