

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964525	(X3) DATE SURVEY COMPLETED R 07/17/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE CENTRE POINTE BOULEVARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A desk review revisit licensure survey was completed on July 17, 2017 for Brookdale Centre Pointe Boulevard, license number 9057. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.		