

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964897	(X3) DATE SURVEY COMPLETED 08/23/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE DEER CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 2403 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Licensure complaint survey (CCR #2017004770) was conducted on 08/22/2017 through 08/23/2017 at Brookdale Deer Creek ALF, License #9401. The facility had no deficiencies at the time of the visit. A Relicensure survey was conducted on the same date. See separate report for findings.		