

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964897	(X3) DATE SURVEY COMPLETED R 02/10/2017
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

A Limited Nursing Services monitoring revisit survey was conducted on 2/10/17 at Brookdale Deer Creek (License# 9401). The facility had no deficiencies identified at the time of the survey.