

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965357	(X3) DATE SURVEY COMPLETED 09/28/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTH BOYNTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 4733 NORTHWEST SEVENTH COURT BOYNTON BEACH, FL 33426	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR #2017010052, was conducted on September 27- 28, 2017 at Brookdale North Boynton Beach, ALF, License #9811. The facility had no deficiencies at the time of the investigation. A relicensure survey was conducted in conjunction with the compliant on the same date. See separate report for findings.		