

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964897	(X3) DATE SURVEY COMPLETED R 11/20/2017
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 field revisit to the Standard Relicensure survey was conducted on 11/20/17 at Brookdale Deer Creek, License # 9401. The facility had no deficiencies at the time of the survey.		