STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963962	R **12/07/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE HAVERHILL ROAD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2939 S. HAVERHILL ROAD** **WEST PALM BEACH, FL 33415**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A desk review revisit to the relicensure survey was conducted on 12/07/2017 Brookdale Haverhill Road Assisted Living Facility (License #8091). There were no deficiencies found during the time of the visit.