

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965357	(X3) DATE SURVEY COMPLETED R 12/19/2017
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

A desk review revisit to the relicensure survey was conducted on 12/07/2017 and 12/19/2017 at Brookdale North Boynton Beach, License # 9811. The facility had no deficiencies at the time of the visit.