

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964959	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE PENSACOLA	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 UNIVERSITY PARKWAY PENSACOLA, FL 32514	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2017011098 and CCR#2017010567 was conducted at Brookdale Assisted Living Facility (license #9354) from 10/3/17 to 10/4/17. An abbreviated biennial licensure survey with limited nursing services was conducted in conjunction. No deficient practice was identified at the time of the survey.