

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911017	(X3) DATE SURVEY COMPLETED 02/06/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MARGATE	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 LAKESIDE DRIVE NORTH MARGATE, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR# 2017013683, was conducted on 2/06/18 at Brookdale Margate, License #7694. The facility had no deficiencies identified at the time of the investigation.		