

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911596	(X3) DATE SURVEY COMPLETED R 03/19/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WILLOW WOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit to licensure complaint survey, CCR #2017010359 and 2017011357 was conducted on 3/19/18 at Brookdale Willow Wood, License #7288. The facility had no deficiencies at the time of the visit.		