

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963865	(X3) DATE SURVEY COMPLETED R 04/19/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE SUNRISE	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 SPRINGTREE DRIVE SUNRISE, FL 33351	

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

0000 - Initial Comments

An unannounced licensure complaint, CCR #2017010737 revisit survey was conducted on 04/19/2018 at Brookdale Sunrise, License #7433. All of the outstanding deficiencies were corrected. The facility had no deficiencies at the time of the visit.