

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965814	(X3) DATE SURVEY COMPLETED R 08/08/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE BECKETT LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 2155 MONTCLAIR ROAD CLEARWATER, FL 33763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up to a 6/21/18 complaint survey was conducted on 8/8/18. The previously cited deficient practice was found corrected via desk review.		