

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964959	(X3) DATE SURVEY COMPLETED R 04/17/2019
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

On 4/17/19 a desk review revisit was conducted to the complaint survey (2019000056) from 3/14/19 at Brookdale Pensacola. Previously cited deficiencies were found corrected.