STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964708	**01/31/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE HERMITAGE BOULEVARD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1780 HERMITAGE BLVD.** **TALLAHASSEE, FL 32308**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring survey was conducted on January 31, 2017, at Brookdale Hermitage Boulevard Assisted Living Facility, License #9181. No deficient practice was identified at the time of the survey.