STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964515	**02/08/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ORMOND BEACH WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **240 INTERCHANGE BLVD** **ORMOND BEACH, FL 32174**	

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

0000 Initial Comments

Two unannounced Assisted Living Facility Complaint Surveys (CCR #2016013824 & CCR #2016013105) were conducted on 2/8/2017. Brookdale Ormond Beach West had no licensure deficiencies at the time of the visit.