STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964591	**02/15/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ORANGE CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **500 GRAND PLAZA DRIVE** **ORANGE CITY, FL 32763**	

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

0000 Initial Comments

An Abbreviated Assisted Living Facility Survey was conducted on 2/16/2017. Brookdale Orange City had no licensure deficiencies at the time of the visit.