STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964490	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1210 NORTH STONE STREET** **DELAND, FL 32724**	

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

0000 Initial Comments

An unannounced biennial licensure survey with Limited Nursing Services was conducted at Brookdale DeLand (License #9032) on March 14, 2017. Brookdale DeLand had no deficiencies found at the time of the visit.