STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965713	**03/20/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE HIGHLANDS**	STREET ADDRESS, CITY, STATE, ZIP CODE **4250 LAKELAND HIGHLANDS RD** **LAKELAND, FL 33813**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017000426), was conducted at Brookdale Highlands on 3/20/17. Brookdale Highlands, Assisted Living Facility, had no deficiencies at the time of the investigation.

(License # 10064)