

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964693	(X3) DATE SURVEY COMPLETED 04/24/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE ORMOND BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 550 WILMETTE AVENUE ORMOND BEACH, FL 32174	

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

0000 Initial Comments

A complaint investigation was conducted at Brookdale Ormond Beach, CCR #2016014729 on April 24, 2017. Deficiencies were not identified.