STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965818	R **05/11/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE MARY**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 MIDDLE STREET** **LAKE MARY, FL 32746**	

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

0000 - Initial Comments

Revisit to complaint #2017003018 was conducted on 5/11/2017. Brookdale Lake Mary, license #10162, had no deficiencies at the time of the visit.