

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965424	(X3) DATE SURVEY COMPLETED R 05/17/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE LAKE ORIENTA	STREET ADDRESS, CITY, STATE, ZIP CODE 217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Revisit to the complaint investigation (#2017000100) was conducted on 5/17/2017. Brookdale Lake Orienta, License #9795, had no deficiencies at the time of the visit.		