

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964341	(X3) DATE SURVEY COMPLETED R 05/22/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE PORT ORANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 955 VILLAGE TRAIL DRIVE PORT ORANGE, FL 32129	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments The deficiencies were all corrected at the time of the desk review.		