STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964948	R **05/16/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DR PHILLIPS 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **8015 PIN OAK DR.** **ORLANDO, FL 32819**	

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

0000 - Initial Comments

Revisit to the Limited Nursing Service Monitoring was conducted on 5/16/17. Brookdale Dr Phillips 2 license #9453 had no deficiencies at the time of the visit.