

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965138	(X3) DATE SURVEY COMPLETED R 05/18/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE DR PHILLIPS 1	STREET ADDRESS, CITY, STATE, ZIP CODE 8001 PIN OAK DRIVE ORLANDO, FL 32819	

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

0000 - Initial Comments

A revisit was conducted on 5/18/2017. Brookdale Dr. Phillips #1 Assisted Living (License #9566) had no deficiencies at the time of the visit.