STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965351	R **06/06/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LUTZ**	STREET ADDRESS, CITY, STATE, ZIP CODE **414 CHAPMAN ROAD EAST** **LUTZ, FL 33549**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 06/06/17. The deficient practice identified during the Abbreviated Survey of 05/04/17 was corrected during the review.

Lic # 9734