STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965223	**06/15/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **710 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On 6/15/2017, an abbreviated biennial survey with Limited Nursing Services (LNS) was conducted at Brookdale Leesburg 2, License #9624. The facility was in compliance at the time of the survey.