STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953298	**06/26/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE TAVARES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1211 CAROLINE STREET (EAST)** **TAVARES, FL 32778**	

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

0000 - Initial Comments

On 6/26/2017 an unannounced Limited Nursing Services (LNS) monitoring survey was conducted at Brookdale Lake Tavares, License #5129. The facility was in compliance at the time of the survey.