

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/24/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965424	(X3) DATE SURVEY COMPLETED 07/20/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE LAKE ORIENTA	STREET ADDRESS, CITY, STATE, ZIP CODE 217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701	

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

0000 - Initial Comments

Initial Limited Nursing Services survey conducted on 7/20/2017. Brookdale at Lake Orienta license # 9795 had no deficiencies found at the time of the visit.