STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965138	**08/08/2017**
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 Complaint investigation #2017004197 was conducted on 8/08/2017. Brookdale Dr Phillips 1 license # 9566 had no deficiencies found at the time of the visit.