

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965818	(X3) DATE SURVEY COMPLETED 07/10/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE LAKE MARY	STREET ADDRESS, CITY, STATE, ZIP CODE 150 MIDDLE STREET LAKE MARY, FL 32746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (CCR #017004528) was conducted on 7/10/17. Brookdale of Lake Mary (license 10162), had no deficiencies at the time of the visit.		