STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964708	**08/21/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE HERMITAGE BOULEVARD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1780 HERMITAGE BLVD.** **TALLAHASSEE, FL 32308**	

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

0000 - Initial Comments

On 8/21/17, an unannounced abbreviated biennial survey with specialty licenses, Extended Congregate Care and Limited Nursing Services was conducted at Brookdale Hermitage Boulevard Assisted Living Facility(license # 9181). At the time of survey, there were no deficiencies identified.