STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964567	R **10/05/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CARROLLWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **13550 SOUTH VILLAGE DRIVE** **TAMPA, FL 33624**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 10/05/17 to the biennial state licensure survey with limited nursing services (LNS) of 8/21/17. At the time of the desk review, it was determined that the previously cited deficiencies at Brookdale Carrollwood, Assisted Living Facility, were corrected.

(License # 9143)