STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	R **10/03/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OAKBRIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3110 OAKBRIDGE BLVD E.** **LAKELAND, FL 33803**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit survey was conducted on 10/3/17 to the complaint surveys, (CCR# 2017006177 & 2017005868), at Brookdale Oakbridge, Assisted Living Facility. The deficient practice previously cited on 7/26/17, was corrected at the time of the revisit.

(License # 7902)