STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	**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 complaint CCR# 2017007881 survey done in conjunction with revisit to 7/26/17 Complaint CCR#2017006177 & 2017005868 survey at Brookdale Oakbridge Assisted Facility. Brookdale Oakbridge Assisted Facility had no deficient practice identified at the time of survey.

License: 7902