

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965713	(X3) DATE SURVEY COMPLETED 11/16/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGHLANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4250 LAKELAND HIGHLANDS RD LAKELAND, FL 33813	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey, (CCR# 2017011149), done in conjunction with limited nursing services (LNS) monitoring visit was conducted at Brookdale Highlands, Assisted Living Facility, on 11/16/2017. Brookdale Highlands, Assisted Living Facility, had no deficient practice identified during survey. (License # 10064)		