

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/06/2017
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 An unannounced Limited Nursing Services (LNS) survey was conducted in conjunction with a complaint survey on 11/16/17, at Brookdale Highlands, an Assisted Living Facility, (License # 10064) in Lakeland, Florida. No deficiencies were found at the time of the visit.		