STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	R **11/30/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

0000 - Initial Comments

A revisit to complaint investigation #2017007026 was conducted on 11/30/17. Brookdale Lake Orienta Assisted Living Facility, License #9795, had no deficiencies at the time of the visit.