STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963945	R **12/01/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BRANDON**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 S. KINGS AVENUE** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 12/1/17 to the biennial state licensure survey of 9/26/17 at Brookdale Brandon, Assisted Living Facility. The deficient practice previously cited on 9/26/17 was corrected during the revisit.

(License # 7656)