

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965370	(X3) DATE SURVEY COMPLETED 12/13/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE ALTAMONTE SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714	

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

0000 - Initial Comments

A complaint investigation #2017010394 was conducted on 12/13/17. Brookdale Altamonte Springs Assisted Living Facility License #9786 had no deficiencies at the time of the visit.