

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964270	(X3) DATE SURVEY COMPLETED 10/10/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE LEESBURG 1	STREET ADDRESS, CITY, STATE, ZIP CODE 700 SOUTH LAKE STREET LEESBURG, FL 34748	

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

0000 - Initial Comments

On October 10, 2017, an announced abbreviated biennial survey with limited nursing service monitoring was conducted at Brookdale Leesburg I. No deficient practice was identified at the time of the survey.