STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964596	R **08/28/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **650 EAST MINNEHAHA AVENUE** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On 08/28/2017 an unannounced follow-up to complaint survey (#CCR 2017004494) at Brookdale Clermon Senior Living Solutions (License #9139), Clermont, FL. No deficient practice was identified at the time of the survey.