

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965368	(X3) DATE SURVEY COMPLETED R 02/02/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE OCOEE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 NORTH CLARK RD OCOEE, FL 34761	

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

0000 - Initial Comments

2/2/18 Desk review conducted to complaint #2017006239. Brookdale Ocoee, license #9731, had no deficiencies noted at the time of the review.