STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963839	**11/02/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CITRUS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2341 W. NORVELL BRYANT HIGHWAY** **LECANTO, FL 34461**	

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

0000 - Initial Comments

On 11/02/2017, a complaint survey was conducted at Brookdale Citrus Assisted Living Facility. No deficient practice was identified during survey.