

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965048	(X3) DATE SURVEY COMPLETED 03/01/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVIEDO	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 PINE BARK PT OVIEDO, FL 32765	

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

0000 - Initial Comments

A monitoring for Limited Nursing Services (LNS) was conducted on 3/01/2018. Brookdale Oviedo license # 9525 had no deficiencies found at the time of the visit.