

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965048	(X3) DATE SURVEY COMPLETED 02/27/2018
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 survey for a capacity increase was conducted on February 27, 2018. Brookdale Oviedo, license #9525, had no deficiencies at the time of the survey.		