STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953298	**03/27/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE TAVARES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1211 CAROLINE STREET (EAST)** **TAVARES, FL 32778**	

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

0000 - Initial Comments

An unannounced abbreviated biennial licensure survey with Limited Nursing Services in conjuntion with complaint survey (CCR2018000861) was conducted on 03.26-27, 2018 at Brookdale - Lake Tavares Assisted Living Facility (License #5129), Tavares, FL. No deficient practice was identified at the time of the survey.