

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965424	(X3) DATE SURVEY COMPLETED 03/27/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE LAKE ORIENTA	STREET ADDRESS, CITY, STATE, ZIP CODE 217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701	

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

0000 - Initial Comments

A complaint investigation, #2017000328, was conducted on 3/27/2018. Brookdale Lake Orienta Assisted Living, (License#9795) had no deficiencies at the time of the visit.