

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964693	(X3) DATE SURVEY COMPLETED R 04/12/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE ORMOND BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 550 WILMETTE AVENUE ORMOND BEACH, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments All of the deficiencies were found corrected at the time of the desk review.		