STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964596	R **04/10/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **650 EAST MINNEHAHA AVENUE** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On , , 2018, an unannounced follow-up to complaint # 2017014640 survey was conducted at Brookdale Clermont Assisted Living Facility (license # 9139), Clermont, FL. No deficient practice was identified at the time of survey.