

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965138	(X3) DATE SURVEY COMPLETED R 04/17/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE DR PHILLIPS AL	STREET ADDRESS, CITY, STATE, ZIP CODE 8001 PIN OAK DRIVE ORLANDO, FL 32819	

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

0000 - Initial Comments

4/17/18 desk review completed to relicensure survey with LNS. Brookdale Dr. Phillips, license # 9566, had no deficiencies at the time of the review.