

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964948	(X3) DATE SURVEY COMPLETED R 05/17/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE DR PHILLIPS MC	STREET ADDRESS, CITY, STATE, ZIP CODE 8015 PIN OAK DR. ORLANDO, FL 32819	

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

0000 - Initial Comments

A second revisit to the re-licensure survey with Limited Nursing Services (LNS) was conducted on 05/17/2018. Brookdale Dr. Phillips MC, License#9453, did not have deficiencies at the time of the visit.