STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964319	**04/17/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TAVARES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2232 DORA AVENUE** **TAVARES, FL 32778**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2018005422) was conducted on 04.17.2018 at Brookdale Tavares (License#8906), Tavares, FL. No deficient practice was identified at the time of survey.