

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965818	(X3) DATE SURVEY COMPLETED 08/02/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE LAKE MARY	STREET ADDRESS, CITY, STATE, ZIP CODE 150 MIDDLE STREET LAKE MARY, FL 32746	

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

0000 - Initial Comments

Complaint Investigation 2018006687 was conducted on August 2, 2018. Brookdale Lake Mary, license #10162, did not have a deficiency at the time of the investigation.