STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953460	R **04/13/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DESTIN**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 CRYSTAL COVE LANE** **DESTIN, FL 32541**	

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

0000 - Initial Comments

On April 13, 2018, a desk review revisit survey was completed for the licensure survey ending February 27, 2018 at Crystal Bay (Brookdale Destin), license #7769. Based on an acceptable plan of correction and supporting documentation, deficiencies were found corrected.