STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964319	**06/25/2018**
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

On 06/25/2018 an unannounced complaint survey investigation (CCR#2018008788) was conducted at Brookdale at Tavares Assisted Living Facility Tavares, FL (License #: 8906) No deficient practice was identified at the time of visit.