STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	R **09/06/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Services was conducted on 9/6/18. Brookdale Tuskawilla Assisted Living Facility, license #8985 had no deficiencies pertaining to this revisit.