STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964591	**10/17/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ORANGE CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **500 GRAND PLAZA DRIVE** **ORANGE CITY, FL 32763**	

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

0000 - Initial Comments

On 10/17/2018, an emergency power plan monitoring survey was conducted at Atria Orange City. Deficient practice was not identified during the survey.