STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965713	R **10/29/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE HIGHLANDS**	STREET ADDRESS, CITY, STATE, ZIP CODE **4250 LAKELAND HIGHLANDS RD** **LAKELAND, FL 33813**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 09/13/2018 abbreviated biennial survey was conducted on 10/29/2018. The previously cited deficient practice was found corrected via desk review.

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