

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965138	(X3) DATE SURVEY COMPLETED R 10/24/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE DR PHILLIPS AL	STREET ADDRESS, CITY, STATE, ZIP CODE 8001 PIN OAK DRIVE ORLANDO, FL 32819	

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

0000 - Initial Comments

A revisit to complaint investigation #2018006259 was conducted on 10/24/2018. Brookdale Dr. Phillips Assisted Living Facility with Limited Nursing Services (LNS), license #9566 had no deficiencies at the time of the visit.