STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965048	R **10/30/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OVIEDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1725 PINE BARK PT** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

The revisit to the re-licensure survey including Limited Nursing Services was conducted on 10/30/18. Brookdale Oviedo Assisted Living Facility, License #9525 had no deficiencies at the time of the visit.