STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964270	R **08/02/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 1**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

A desk review was conducted on 8/2/2017 as follow-up to Limited Nursing Services (LNS) monitoring survey for Brookdale Leesburg 1 Assisted Living Facility, License #8882. The previously cited deficiency was cleared as a result of the desk review.