STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964319	R **02/16/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TAVARES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2232 DORA AVENUE** **TAVARES, FL 32778**	

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

0000 - Initial Comments

A desk review was conducted on 2/16/2017 as follow-up on Abbreviated Biennial Survey with Limited Nursing Services (LNS) for Brookdale Tavares Assisted Living Facility (facility license number 8906). The previously cited deficiency was cleared as a result of the desk review.