

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964596	(X3) DATE SURVEY COMPLETED R-C 12/03/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE CLERMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 650 EAST MINNEHAHA AVENUE CLERMONT, FL 34711	

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

0000 - Initial Comments

On December 3, 2018, an unannounced 2nd follow-up to biennial re-licensure survey was conducted at Brookdale Clermont Assisted Living Facility (License #9139). No deficient practice was identified at the time of the survey.