

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963839	(X3) DATE SURVEY COMPLETED R-C 11/26/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE CITRUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2341 W. NORVELL BRYANT HIGHWAY LECANTO, FL 34461	

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

0000 - Initial Comments

On November 26, 2018, an unannounced follow-up to biennial re-licensure survey was conducted at Brookdale Citrus Assisted Living Facility (License #5657), Lecanto, FL. No deficient practice was identified at the time of the survey.