

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/27/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964490	(X3) DATE SURVEY COMPLETED R 12/11/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE DELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1210 NORTH STONE STREET DELAND, FL 32724	

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

0000 - Initial Comments

All of the deficiencies was found corrected at the time of the follow-up visit.