STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964490	R **01/08/2019**
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

The deficiency was found corrected at the time of the desk review.