STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	R **02/11/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OAKBRIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3110 OAKBRIDGE BLVD E.** **LAKELAND, FL 33803**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a 12-17-2019 Limited Nursing Service monitoring was conducted in conjunction with a revisit to a 12-17-2019 complaint survey (CCR#2018017271) at Brookdale Oakbridge Assisted Living Facility on 02-11-2019. The facility had no deficient practice at the time of visit.

(License #7902)