| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964319** | C<br>**02/19/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE TAVARES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2232 DORA AVENUE**<br>**TAVARES, FL 32778** | |

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

**0000 - Initial Comments**

On February 18, 2019 through February 19, 2019, an unannounced abbreviated biennial re-licensure survey in conjunction with Emergency Power Plan monitoring survey was conducted at Brookdale Tavares Assisted Living Facility (License #8906), Tavares, Florida. No deficient practice was identified at the time of the survey.