

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965138	(X3) DATE SURVEY COMPLETED R 02/25/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE DR PHILLIPS AL	STREET ADDRESS, CITY, STATE, ZIP CODE 8001 PIN OAK DRIVE ORLANDO, FL 32819	

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

0000 - Initial Comments

An unannounced monitoring revisit related to emergency environmental control plan was conducted at Brookdale Dr Phillips Assisted Living Facility, located in Orlando, Florida on 02/25/2019. Deficient practice was not found at the time of the monitoring revisit.