

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965474	(X3) DATE SURVEY COMPLETED R 01/24/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEKIWA SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 203 S WEKIWA SPRINGS ROAD APOPKA, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit survey to complaint investigation #2018013380 was conducted on 1/31/2019. Brookdale Wekiwa Springs, (LIC#9829) had no deficiencies at the time of the visit.		