STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953460	R **03/06/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DESTIN**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 CRYSTAL COVE LANE** **DESTIN, FL 32541**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted at Brookdale Destin assisted living on 3/6/19. This survey was a follow-up to the original complaint survey conducted on 1/2/19. No deficient practice was identified at the time of the survey.