STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964693	**04/01/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ORMOND BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **550 WILMETTE AVENUE** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

A complaint investigation (CCR #2019000013) was conducted at Brookdale Ormond Beach on 4/1/2019. The provider had no deficiencies at the time of the visit.