STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964341	R **05/15/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 VILLAGE TRAIL DRIVE** **PORT ORANGE, FL 32129**	

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

0000 - Initial Comments

A desk review revisit to a biennial survey was conducted at Brookdale Port Orange on May 15, 2019. Deficiencies were found to be corrected at the time of the survey.