STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964591	R **05/22/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ORANGE CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **500 GRAND PLAZA DRIVE** **ORANGE CITY, FL 32763**	

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 Atria Orange City on May 22, 2019. Deficiencies were found to be corrected at the time of the desk review.

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