

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965368	(X3) DATE SURVEY COMPLETED R 06/03/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE OCOEE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 NORTH CLARK RD OCOEE, FL 34761	

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

0000 - Initial Comments

A desk review to a Limited Nursing Service monitoring was conducted for Brookdale Ocoee Assisted Living Facility on 6/3/19. Deficiencies were found to be corrected at the time of the desk review.