STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964948	R **06/06/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DR PHILLIPS MC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8015 PIN OAK DR.** **ORLANDO, FL 32819**	

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

0000 - Initial Comments

A second revisit to a Limited Nursing Services (LNS) monitoring was conducted at Brookdale Dr. Phillips Memory Care Facility on 6/6/2019. Deficiencies were corrected at the time of the survey.