

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965138	(X3) DATE SURVEY COMPLETED R 06/06/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE DR PHILLIPS AL	STREET ADDRESS, CITY, STATE, ZIP CODE 8001 PIN OAK DRIVE 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 Assisted Living Facility on 6/6/2019. Deficiencies were corrected at the time of the survey.