

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965370	(X3) DATE SURVEY COMPLETED 08/07/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE ALTAMONTE SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714	

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

0000 - Initial Comments

A complaint investigation 2019007372 was conducted at Brookdale Altamonte on 8/07/2019. The facility had no deficiencies at the time of the survey.