STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965054	**03/13/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NORTHDALE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3401 WEST BEARSS AVENUE** **TAMPA, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint investigation (CCR#2012018000745) was conducted at Brookdale Northdale on 3/13/18. Brookdale Northdale had no deficiencies at the time of the investigation.

License (#9500)