

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964388	(X3) DATE SURVEY COMPLETED 08/01/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE TUSKAWILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A complaint investigation #2018010785 was conducted on August 1, 2018. Brookdale Tuskawilla, license #8985, did not have a deficiency at the time of the investigation.