STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965818	R **08/23/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE MARY**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 MIDDLE STREET** **LAKE MARY, FL 32746**	

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

0000 - Initial Comments

A revisit to a complaint investigation #2019006050 was conducted at Brookdale Lake Mary Assisted Living Facility with Limited Nursing Services (LNS) on 8/23/2019. Deficiencies were found to be corrected at the time of the survey.