

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11964810</b>	(X3) DATE SURVEY COMPLETED  <b>R</b>  <b>11/15/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CONWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5501 EAST MICHIGAN STREET</b> <b>ORLANDO, FL 32822</b>	

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

**0000 - Initial Comments**

A revisit to the re-licensure survey with Limited Nursing Services was conducted on 11/15/18. . Brookdale Conway, license #9286, had no deficiencies at the time of the survey.