STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964789	R **02/28/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BONITA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **26850 SOUTH BAY DRIVE** **BONITA SPRINGS, FL 34134**	

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

0000 - Initial Comments

An unannounced revisit was conducted on 2/28/17 at Brookdale Bonita Springs, an Assisted Living Facility (License#9322) in Bonita Springs, Florida. This was a follow up to a relicensure survey with Limited Nursing Services completed on 1/12/17.

The previously found deficiencies were found corrected at the time of the visit and no deficiencies were found at time of visit.