

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964789	(X3) DATE SURVEY COMPLETED R 04/26/2017
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 4/26/17 at Brookdale Bonita Springs, an assisted living facility (license #9322) in Bonita Springs, Florida. This is the following up to a complaint survey for CCR 2017002110 which was completed on 2/28/17. The previous deficiency was found corrected and no new deficiencies were identified.		