STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964789	**01/24/2018**
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 complaint survey for CCR #2017015678 and CCR #2017014459 was conducted on 1/23/18 through 1/24/18 at Brookdale Bonita Springs, an assisted living facility (license #9322) in Bonita Springs, Florida.

CCR #2017015678 contained 1 allegation, of which 1 was substantiated without deficiency.
CCR #2017014459 contained 1 allegation, of which 1 was substantiated without deficiency.

No deficiencies related to these complaints were found at the time of the visit.