STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910048	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PALMA SOLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **450 67TH STREET, WEST** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated Biennial licensure survey with Limited Nursing Services was conducted on 2/20/18.

The Brookdale Palma Sola, Assisted Living Facility (License #4712), had no deficiencies at the time of this visit.