

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964789	(X3) DATE SURVEY COMPLETED R 03/30/2018
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

A follow-up by desk review was conducted on 3/30/18 for Brookdale Bonita Springs, an assisted living facility (license #9322) in Bonita Springs, Florida. The follow-up was in response to the Limited Nursing Services (LNS) survey which was completed on 1/24/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 2/22/18.