

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963982	(X3) DATE SURVEY COMPLETED R 09/17/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE COLONIAL PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4730 BEE RIDGE ROAD SARASOTA, FL 34233	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 9/17/18 at Brookdale Colonial Park, an assisted living facility (license #7439) in Sarasota, Florida.

This was a follow-up to the complaint survey completed on 7/18/18.

The previous deficiencies were found corrected and no new deficiencies were identified.