

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964789	(X3) DATE SURVEY COMPLETED 10/04/2018
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#2018012766 on 10/4/18 at Brookdale Bonita Springs, an assisted living facility (license #9322) in Bonita Springs, Florida.

The complaint contained two allegations, both of which were unsubstantiated.

No deficiencies were found at the time of the visit.