

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964789	(X3) DATE SURVEY COMPLETED 02/13/2019
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 emergency power plan monitoring survey was conducted on 2/13/19 at Brookdale Bonita Springs, an assisted living facility (license # 9322) in Bonita Springs, Florida.

No deficiencies were found at the time of the survey.