STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964477	R **03/27/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT CHARLOTTE**	STREET ADDRESS, CITY, STATE, ZIP CODE **18440 TOLEDO BLADE BLVD** **PORT CHARLOTTE, FL 33952**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 3/27/17 at Brookdale Port Charlotte, an assisted living facility (license #9027) in Port Charlotte, Florida.

This was a follow-up to the relicensure and Limited Nursing Services survey completed on 1/23/17.

The previous deficiencies were found corrected at the time of the visit.