

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953408	(X3) DATE SURVEY COMPLETED 05/03/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE POINTE WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 6101 POINTE WEST BLVD BRADENTON, FL 34209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey, CCR# 2017002337, was conducted at Brookdale Point West Assisted Living Facility on 5/03/2017. Brookdale Point West Assisted Living Facility had no deficient practice identified at the time of the visit. (License # 8527)		