STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964477	**07/24/2017**
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 limited nursing services survey was completed on 7/24/17 at Brookdale Port Charlotte, an assisted living facility (license #9027) located in Port Charlotte, Florida.

No deficiencies were cited during this survey.