

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965405	(X3) DATE SURVEY COMPLETED 08/08/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA BARBARA	STREET ADDRESS, CITY, STATE, ZIP CODE 911 SANTA BARBARA BLVD CAPE CORAL, FL 33991	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR#2017007553 was conducted on 8/7/17 through 8/8/17 at Brookdale Santa Barbara, an assisted living facility (license #9767) located in Cape Coral, Florida. The complaint contained 3 allegations, of which 1 was substantiated without deficiencies.		