STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	**08/24/2017**
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

An abbreviated biennial state licensure survey with limited nursing services (LNS) was conducted at Brookdale Pointe West Assisted Living Facility on 08/24/2017. Brookdale Pointe West, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 8527)