STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964641	**07/17/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ROTONDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **550 ROTONDA BLVD WEST** **ROTONDA WEST, FL 33947**	

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

0000 - Initial Comments

An unannounced relicensure and Limited Nursing Services survey was conducted on 7/17/17 at Brookdale Rotonda, an assisted living facility (license #9182) in Rotonda West, Florida.

No deficiencies were found at the time of the visit.