

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965405	(X3) DATE SURVEY COMPLETED 04/26/2018
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#2018001373 was conducted on 4/26/18 at Brookdale Santa Barbara, an assisted living facility (license #9767) in Cape Coral, Florida.

No deficiencies were found at the time of the visit.