

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964477	(X3) DATE SURVEY COMPLETED 05/09/2018
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 monitor survey was conducted 5/9/18 at Brookdale Port Charlotte, an assisted living facility (license # 9027) in Port Charlotte, Florida. No deficiencies were found at the time of the visit.		