STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964437	**06/28/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PUNTA GORDA ISLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **250 BAL HARBOR BLVD** **PUNTA GORDA, FL 33950**	

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

0000 - Initial Comments

An unannounced limited nursing services survey was conducted 6/28/18 at Brookdale of Punta Gorda, an assisted living facility (license #8980) in Punta Gorda, Florida.

No deficiencies were found at the time of the visit.