STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	R **07/30/2018**
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 2nd Revisit to a 3/30/18 Complaint investigation (CCR# 2018001624) was conducted on 7/30/18.

The Brookdale Pointe West, Assisted Living Facility (License# 5421), had no deficiencies at the time of the visit.