STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	**08/13/2018**
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

A Limited Nursing Services (LNS) monitoring survey was conducted on 8/13/18.

The Brookdale Pointe West, Assisted Living Facility /License #8527, had no deficiencies at the time of this visit.