

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964874	(X3) DATE SURVEY COMPLETED 08/30/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE CAPE CORAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1416 COUNTRY CLUB BLVD CAPE CORAL, FL 33990	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for #2018008479 was conducted on 8/30/18 at Brookdale Cape Coral, an assisted living facility (license #9358) in Cape Coral, Florida. The complaint contained 2 allegations of which none were were substantiated. No deficiencies were found at the time of the visit.		