STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942866	**10/03/2018**
NAME OF PROVIDER OR SUPPLIER **COURTYARDS ASSISTED LIVING (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **26455 RAMPART BLVD.** **PUNTA GORDA, FL 33983**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR#2018009789 and 2018010534 was conducted on 10/3/18 at The Courtyard Assisted Living, an assisted living facility (license #7326) in Punt Gorda, Florida.

Complaint #2018009789 had four allegations of which none were substantiated.

Complaint #2018010534 had one allegation which was not substantiated.

No deficiencies were found at the time of the visit.