

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964874	(X3) DATE SURVEY COMPLETED R 12/14/2018
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 A follow-up by desk review was conducted on 12/14/18 for Brookdale Cape Coral, an assisted living facility (license number #9358) in Cape Coral, Florida. The follow-up was in response to the relicensure survey along with a limited nursing services survey which was conducted 2/12/18 through 2/15/18. Based on the facility's supporting documentation, the deficiency was corrected as of 9/11/18.		