

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953408	(X3) DATE SURVEY COMPLETED 03/07/2019
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 Complaint investigation (CCR#2019001695) was conducted at Brookdale Pointe West on 3/7/19. Brookdale Pointe West had no deficiencies at the time of the investigation. License (#8527)		