

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964874	(X3) DATE SURVEY COMPLETED 04/30/2019
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 limited nursing survey was conducted 4/30/19 at Brookdale, an assisted living facility in Cape Coral, Florida. No deficiencies were found at the time of the visit.		