

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963878	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 04/12/2024
NAME OF PROVIDER OR SUPPLIER GREAT AMERICAN ALF LIVING COMMUNITY AT BRD			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 7TH AVENUE EAST BRADENTON, FL 34208		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{A 000}	Initial Comments A re-visit to a complaint survey (complaint numbers 2024002335 & 2024000338) and a complaint survey in conjunction with a generator monitoring survey were conducted at Great American Assisted Living Community at Bradenton on 04/12/2024. Deficiencies related to the re-visit survey were corrected at the time of the survey.	{A 000}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE