

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963878	(X3) DATE SURVEY COMPLETED 07/09/2015
NAME OF PROVIDER OR SUPPLIER BRADENTON OAKS COURTYARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 7TH AVENUE EAST BRADENTON, FL 34208	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey CCR #2015004554 was conducted on 7/9/2015.

Bradenton Oaks Courtyard Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 15, 2015

Administrator
Bradenton Oaks Courtyard
1015 7th Avenue East
Bradenton, FL 34208

RE: CCR #2015004554 & Biennial Survey

Dear Administrator:

This letter reports findings of a complaint survey and a Biennial state licensure survey that was conducted on July 9, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

PRC/ct
Enclosure: State (5000-3547) Form

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