

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/31/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968506	(X3) DATE SURVEY COMPLETED 12/30/2015
NAME OF PROVIDER OR SUPPLIER BRADENTON PALMS ALF I	STREET ADDRESS, CITY, STATE, ZIP CODE 802 71ST ST NW BRADENTON, FL 34209	

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

0000 Initial Comments

Assisted Living Facility

An initial Extended Congregate Care (ECC) survey was conducted on 12/20/15. The Bradenton Palms ALF I had no deficiencies at the time of the visit. A recommendation to add an ECC license is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 31, 2015

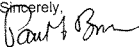
Administrator
Bradenton Palms ALF I
802 71st St Nw
Bradenton, FL 34209

Dear Administrator:

This letter reports the findings of an initial extended congregate care (ECC) state licensure survey conducted on December 30, 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,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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