STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963878	**09/20/2016**
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

Two complaint investigations, (CCR# 2016007103 and CCR# 2016008970) were conducted at Bradenton Oaks Courtyard (lic# 6662) on 9/20/2016. Bradenton Oaks Courtyard, Assisted Living Facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 28, 2016

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

RE: CCR# 2016008970 & CCR 2016007103

Dear Administrator:

This letter reports the findings of two complaint surveys completed on September 20, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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