

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/27/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969069	(X3) DATE SURVEY COMPLETED 10/24/2016
NAME OF PROVIDER OR SUPPLIER NATIONAL CHURCH RESIDENCES OF BRADENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3229 19TH ST W BRADENTON, FL 34205	

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

0000 Initial Comments

Assisted Living Facility

An initial state licensure survey with limited nursing services (LNS) was conducted on 10/24/16 at National Church Residences of Bradenton. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 27, 2016

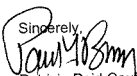
Administrator
National Church Residences of Bradenton FL Inc
3229 19th St W
Bradenton, FL 34205

Dear Administrator:

This letter reports the findings of an initial state licensure survey with limited nursing services (LNS) conducted on October 24, 2016, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 Caulman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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