

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963878	(X3) DATE SURVEY COMPLETED R 03/01/2017
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 On 3/1/17 a revisit to complaint investigation, (CCR# 2016013498), was conducted at Bradenton Oaks Courtyard, assisted living facility, (lic# 6662). Bradenton Oaks Courtyard had no deficiency at the time of the investigation.		