STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910106	**04/03/2017**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER MANOR OF BRADENTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 21ST AVENUE, WEST** **BRADENTON, FL 34205**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey (CCR# 2017001658) was conducted at Westminster Manor of Bradenton on 4/3/17.
There were no deficiencies identified at the time of the visit.

(License # 3837)