STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963878	**04/19/2017**
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

A complaint survey, (CCR# 2017002101) was conducted at Bradenton Oak Courtyard, Assisted Living Facility, on 4/19/2017. Bradenton Oak Courtyard had no deficient practice identified at the time of the visit.

(License # 6662)