

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969069	(X3) DATE SURVEY COMPLETED 04/26/2017
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 unannounced complaint survey, (CCR# 2017003898), was conducted on 4/26/17. The National Church Residences of Bradenton, Assisted Living Facility (License# 12926), had no deficiencies at the time of this visit.		