

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969069	(X3) DATE SURVEY COMPLETED 05/18/2017
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 A complaint survey, (CCR# 2017003078), was conducted at National Church Residences of Bradenton FL, Inc on 5/18/17. National Church Residences of Bradenton FL, Inc had no deficiencies at the time of the visit. (License # 12926)		