STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966432	R **06/14/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOME AT WARES CREEK BSLC LLC	**1725 MANATEE AVENUE WEST BRADENTON, FL 34205**

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

0000 - Initial Comments

Assisted Living Facility

A desk review to the biennial licensure survey of 5/15/17 was conducted on 6/14/17. It was determined at the time of the desk review that the previously cited deficiencies had been corrected.