

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963949	(X3) DATE SURVEY COMPLETED R 06/21/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE BRADENTON GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 5612 26TH STREET WEST BRADENTON, FL 34207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 06/21/17. The deficient practice identified during the Biennial Survey on 05/01/17 was corrected at the time of the review. Lic # 6528		