STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968506	**08/09/2017**
NAME OF PROVIDER OR SUPPLIER **BRADENTON PALMS ALF I**	STREET ADDRESS, CITY, STATE, ZIP CODE **802 71ST ST NW** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted at Bradenton Palms, Assisted Living Facility, on 08/09/2017. Bradenton Palms, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 12389)