STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953306	**09/18/2017**
NAME OF PROVIDER OR SUPPLIER **INN AT FREEDOM VILLAGE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **6410 21ST AVENUE, W.** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

Assisted Living Facility

On September 18, 2017, a complaint survey, (CCR# 2017006737), was conducted at The Inn at Freedom Village, Assisted Living Facility. No deficiencies were identified at the time of the visit.

(license # 5415)