STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969069	R **10/05/2017**
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 desk review was conducted on 10/05/17 to the complaint survey, (CCR# 2017006373), of 8/21/17. At the time of the desk review, it was determined that the previously cited deficiency at National Church Residences of Bradenton, Assisted Living Facility, had been corrected.

(License # 12926)