STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963878	R **10/13/2017**
NAME OF PROVIDER OR SUPPLIER **BRADENTON OAKS COURTYARD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1015 7TH AVENUE EAST** **BRADENTON, FL 34208**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit survey was conducted on 10/13/17 for Bradenton Oaks Courtyard. The deficient practice previously cited on 7/27/17 was corrected during the review.

(License # 6662)