

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963949	(X3) DATE SURVEY COMPLETED 10/18/2017
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 complaint investigation, (CCR# 2017008284), was conducted at Brookdale Bradenton Gardens, Assisted Living Facility, on 10/18/17. Brookdale Bradenton Gardens, Assisted Living Facility, had no deficiencies at the time of the visit. (License # 6528)		