STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963819	**12/14/2017**
NAME OF PROVIDER OR SUPPLIER **WOODLANDS VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1055 301 BLVD EAST** **BRADENTON, FL 34203**	

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

0000 - Initial Comments

Assisted Living Facility

On December 14, 2017, a complaint survey, (CCR# 2017009537), was conducted at Woodlands Village, Assisted Living Facility. No deficiencies were identified at the time of the visit.

(License # 8692)