STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942703	**01/09/2018**
NAME OF PROVIDER OR SUPPLIER **SUNNY BOWER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1604 71ST STREET NW** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

Assisted Living Facility

On January 9, 2018, an abbreviated biennial re-licensure survey was conducted at Sunny Bower, Assisted Living Facility. There was no deficient practice identified during the survey.

(License # 5178)