STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964938	R **02/21/2018**
NAME OF PROVIDER OR SUPPLIER **SELECT GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4730 30TH STREET, W.** **BRADENTON, FL 34207**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 2/21/18 to the biennial state licensure survey of 1/04/18. At the time of the desk review, it was determined that the previously cited deficiencies at Select Group Home, Assisted Living Facility, had been corrected.

(License # 9427)