

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963878	(X3) DATE SURVEY COMPLETED 03/14/2018
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 On March 14, 2018 a complaint investigation (CCR#2018000502, 2018002401, 2018003561) was conducted at Bradenton Oaks. No deficiencies were identified during the visit. (license #6662)		