STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963819	**04/17/2018**
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

A complaint investigation (CCR#2018002794) was conducted at Woodlands Village assisted living facility on 4/17/18. Woodlands Village did not have any deficiencies at the time of the investigation.

(License # 8692)