| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910106** | **03/27/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**WESTMINSTER MANOR OF BRADENTON** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1700 21ST AVENUE, WEST**<br>**BRADENTON, FL 34205** | |

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

**0000 - Initial Comments**

Assisted Living Facility

On March 27, 2018, an abbreviated biennial re-licensure survey was conducted at Westminster Manor of Bradenton assisted living facility. There was no deficient practice identified during the survey.

(license # 3837)