STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969069	**05/31/2018**
NAME OF PROVIDER OR SUPPLIER **NATIONAL CHURCH RESIDENCES OF BRADENTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **3229 19TH ST W** **BRADENTON, FL 34205**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR#2018005855) was conducted at National Church Residences of Bradenton assisted living facility on 5/31/18. National Church Residences of Bradenton had no deficiencies at the time of the investigation.

(License# 12926)