

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963949	(X3) DATE SURVEY COMPLETED 06/26/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE BRADENTON GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 5612 26TH STREET WEST BRADENTON, FL 34207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Limited Nursing Services (LNS) monitoring survey, in conjunction with a revisit survey, was conducted on 6/26/18. The Brookdale Brdenton Gardens, Assisted Living Facility /License #6528, had no deficiencies at the time of this visit.		