

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969069	(X3) DATE SURVEY COMPLETED 07/30/2018
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 On July 30, 2018 a Complaint (CCR#2018008093) survey was conducted at National Church Residences of Bradenton. No deficiencies were identified at the time of the visit. (license #12926)		