

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963878	(X3) DATE SURVEY COMPLETED 08/02/2018
NAME OF PROVIDER OR SUPPLIER BRADENTON OAKS COURTYARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 7TH AVENUE EAST BRADENTON, FL 34208	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey (CCR#2018008175, CCR#2018009105 and CCR#2018010293) was conducted at Bradenton Oaks Courtyard assisted living facility on 8/2/18. Bradenton Oaks Courtyard had no deficiencies at the time of the survey.

(License# 6662)