STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953306	**08/16/2018**
NAME OF PROVIDER OR SUPPLIER **INN AT FREEDOM VILLAGE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **6410 21ST AVENUE, W.** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On August 16, 2018, a biennial re-licensure survey was conducted at The Inn at Freedom Village Assisted Living Facility. There was no deficient practice identified during the survey.

(License # 5415)