STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910105	**08/21/2018**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER POINT PLEASANT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1533 4TH AVENUE WEST** **BRADENTON, FL 34205**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On August 21, 2018, an abbreviated biennial re-licensure survey was conducted at Westminster Point Pleasant assisted living facility. There was no deficient practice identified during the survey.

(License # 6697)