STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968506	**09/11/2018**
NAME OF PROVIDER OR SUPPLIER **BRADENTON PALMS ALF I**	STREET ADDRESS, CITY, STATE, ZIP CODE **802 71ST ST NW** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey (CCR#2018009204) was conducted at Bradenton Palms I Assisted Living Facility on 9/11/2018. Bradenton Palms I had no deficiencies at the time of the survey.

(License# 12389)