

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963819	(X3) DATE SURVEY COMPLETED R 12/11/2018
NAME OF PROVIDER OR SUPPLIER WOODLANDS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 301 BLVD EAST BRADENTON, FL 34203	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up to a 10/24/2018 complaint investigation was conducted for Woodlands Village on 12/11/2018. The previously cited deficiency was found corrected via desk review. Lic # 8692		