STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969069	R **02/25/2019**
NAME OF PROVIDER OR SUPPLIER **NATIONAL CHURCH RESIDENCES OF BRADENTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **3229 19TH ST W** **BRADENTON, FL 34205**	

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

0000 - Initial Comments

Assisted Living Facility

A third revisit to a 9/4/18 Biennial Survey with Limited Nursing Services was conducted on 2/25/19.

The National Church Residences of Bradenton, Assisted Living Facility (License #12926), had no deficient practice at the time of this visit.