

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963878	(X3) DATE SURVEY COMPLETED 04/02/2019
NAME OF PROVIDER OR SUPPLIER BRADENTON OAKS COURTYARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 7TH AVENUE EAST BRADENTON, FL 34208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On , , a Complaint Survey (CCR#2019000335, CCR#2019000808, CCR#2019003390 and CCR#2019004763) was conducted at Bradenton Oaks in conjunction with a revisit. At the time of the survey, the facility had no deficiencies. (License #6662)		