

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968449	(X3) DATE SURVEY COMPLETED R 05/01/2019
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT HIDDEN LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 54TH AVE W, BRADENTON BRADENTON, FL 34207	

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

0000 - Initial Comments

A revisit to a complaint was conducted at Inspired Living at Hidden Lakes on 5/1/2019. Deficiencies were found to be corrected at the time of the survey.