

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963949	(X3) DATE SURVEY COMPLETED 06/10/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE BRADENTON GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 5612 26TH STREET WEST BRADENTON, FL 34207	

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

0000 - Initial Comments

A complaint investigation (complaint numbers 2019007307 and 2019004432) was conducted at Brookdale Bradenton Gardens (Assisted Living Facility) on 6/10/2019. The facility had no deficiencies at the time of the survey.