STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969130	**02/09/2017**
NAME OF PROVIDER OR SUPPLIER **TUSCAWILLA VILLA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **995 TUSCAWILLA RD** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 2/9/2017. Tuscawilla Villa LLC. Assisted Living Facility had no deficiencies at the time of the visit.