STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968793	R **02/28/2017**
NAME OF PROVIDER OR SUPPLIER **NORTHDALE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4815 CENTERBROOK COURT** **NORTHDALE, FL 33624**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 02/28/17 for Northdale ALF, Inc. (Lic. #12634). The deficient practice previously cited on 01/13/17 from the biennial re-licensure survey was corrected. The facility was in compliance on the day of the visit.