STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969154	**03/28/2017**
NAME OF PROVIDER OR SUPPLIER **DOROTHY CARES ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11626 TROPICAL ISLE LN** **RIVERVIEW, FL 33579**	

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

0000 - Initial Comments

Assisted Living Facility

On March 28, 2017, an initial state licensure survey was conducted at Dorothy Cares ALF, LLC. No deficiencies were identified at the time of the visit. A recommendation for a Standard license is being made at this time.