STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910431	**05/09/2017**
NAME OF PROVIDER OR SUPPLIER **TANGERINE COVE OF BROOKSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 HOWELL AVENUE** **BROOKSVILLE, FL 34601**	

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

0000 - Initial Comments

On 5/9/2017 an unannounced Extended Congregate Care monitoring survey was conducted at Tangerine Cove of Brooksville Assisted Living Facility, License #7622. There was no deficient practice at the time of the survey.