STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969253	**07/31/2017**
NAME OF PROVIDER OR SUPPLIER **DOROTHY CARES II ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10427 CRESTFIELD DR** **RIVERVIEW, FL 33569**	

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

0000 - Initial Comments

Assisted Living Facility

On July 31, 2017, an initial state licensure survey was conducted at Dorothy Cares II Assisted Living Facility. No deficiencies were identified at the time of the visit. A recommendation for a Standard license is being made at this time.