STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969010	**10/17/2017**
NAME OF PROVIDER OR SUPPLIER **ELDERLY PRIDE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **322 REGAL PARK DR** **VALRICO, FL 33594**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Limited Nursing Services (LNS) monitoring visit was conducted on 10/17/17.

The Elderly Pride Assisted Living, LLC, Assisted Living Facility, (License # 12869), had no deficiencies at the time of the visit.