STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968765	**10/16/2017**
NAME OF PROVIDER OR SUPPLIER **WELLSWOOD CARE CENTER II**	STREET ADDRESS, CITY, STATE, ZIP CODE **17633 MEADOWBRIDGE DR** **LUTZ, FL 33549**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial relicensure survey was conducted on 10/16/17.

The Wellswood Care Center II, Assisted Living Facility, (License # 12626), had no deficiencies at the time of this visit.