STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964947	R **10/24/2017**
NAME OF PROVIDER OR SUPPLIER **INN AT THE COURTYARDS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **255 COURTYARDS BLVD** **SUN CITY CENTER, FL 33573**	

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

0000 - Initial Comments

Assisted Living Facility

A second follow-up visit to a complaint investigation from 6/12/17 was conducted at the Inn at the Courtyards (Lic. #9439) on 10/24/2017 in conjunction with a biennial relicensure survey. The deficient practice previously cited on 6/12/17 was corrected during the revisit.