STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964947	**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

On 10/24/2017, a biennial relicensure survey in conjunction with a second revisit to a 6/12/17 complaint survey was conducted at The Inn at the Courtyards (Lic. # 9439). No deficient practice was identified during the survey.