STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968193	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CATH E-Z LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 PINE RIDGE CIRCLE EAST** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted at Cath E-Z Living, Assisted Living Facility, on 01/02/2018. Cath E-Z Living, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 12127)