STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968528	**10/17/2017**
NAME OF PROVIDER OR SUPPLIER **CANTERBURY ARMS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **7355 CANTERBURY ST** **SPRING HILL, FL 34606**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted on October 17, 2017 at Canterbury Arms (License #12418) , Spring Hill, FL. No deficient practice was identified at the time of the survey.