STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968089	**09/27/2017**
NAME OF PROVIDER OR SUPPLIER **TLC FAMILY CARE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **34017 S HAINES CREEK RD** **LEESBURG, FL 34788**	

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

0000 - Initial Comments

An unannounced visit for Complaint # 2017006514 was conducted at TLC Family Care Home (Assisted Living Facility) in Leesburg, Florida on 9/27/17. No deficiencies were identified. License #12030.