STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969323	**01/19/2018**
NAME OF PROVIDER OR SUPPLIER **BRISAS DEL CARIBE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2203 SHERMONT PL** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted at Brisas Del Caribe Assisted Living Facility on 1/19/2018. Brias Del Caribe Assisted Living Facility had no deficient practice identified at the time of the visit. A recommendation for a Standard license is being made at this time.