

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969313	(X3) DATE SURVEY COMPLETED 01/23/2018
NAME OF PROVIDER OR SUPPLIER TWIN CREEKS ASSISTED LIVING AND MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 13470 BOYETTE RD RIVERVIEW, FL 33569	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On January 23, 2018, an initial state licensure survey with extended congregate care (ECC) was conducted at Twin Creeks, Assisted Living and Memory Care. Deficient practice was not identified at the time of the visit. A recommendation for a Standard license is being made at this time. (License # pending)		