STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911771	**01/03/2018**
NAME OF PROVIDER OR SUPPLIER **INGLENOOK**	STREET ADDRESS, CITY, STATE, ZIP CODE **280 PINE STREET** **ENGLEWOOD, FL 34223**	

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

0000 - Initial Comments

An unannounced abbreviated biennial and Limited Nursing Services survey was conducted on 1/3/18 at Inglenook, an assisted living facility (license #7384) in Englewood, Florida.

No deficiencies were found at the time of the visit.