STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969314	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **HSRE-ASL CASSELBERRY TRS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2701 HOWELL BRANCH RD** **WINTER PARK, FL 32792**	

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

0000 - Initial Comments

An initial survey was conducted on 1/30/18. Hsre-Asl Casselberry Trs LIC Assisted Living Facility had no deficiencies found at the time of the visit.