

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969313	(X3) DATE SURVEY COMPLETED 02/26/2018
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 An unannounced Extended Congregate Care (ECC) Monitoring survey was conducted on 2/26/18. The Twin Creeks Assisted Living And Memory Care, Assisted Living Facility /License #13122, had no deficiencies at the time of this visit.		