STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969356	**04/02/2018**
NAME OF PROVIDER OR SUPPLIER **COBBLESTONE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 COBBLESTONE DR** **SPRING HILL, FL 34606**	

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

0000 - Initial Comments

On April 2, 2018, an initial licensure survey was conducted at Cobblestone Manor Assisted Living Facility, Spring Hill, FL. No deficient practice was identified at the time of survey.