STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969339	**04/16/2018**
NAME OF PROVIDER OR SUPPLIER **PARK VIEW ESTATE OF BRANDON LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1502 BRYAN RD** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

On April 16, 2018, an initial licensure survey was conducted at Park View Estate of Brandon, LLC, Assisted Living Facility. There was no deficient practice identified during the survey.