STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969376	**05/07/2018**
NAME OF PROVIDER OR SUPPLIER **BRANDYWYNE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 LAKE MARIAM DR** **WINTER HAVEN, FL 33884**	

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

0000 - Initial Comments

Assisted Living Facility

On 5/7/18 an intial licensure survey was conducted at Brandywyne Assisted Living Facility.
No deficient practice was identified during the survey.