STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967880	**06/04/2018**
NAME OF PROVIDER OR SUPPLIER **ROSE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **14180 AMERO LN** **SPRING HILL, FL 34609**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted on 06/04/2018 at Rose Manor Assisted Living Facility (License # 11884),
Spring Hill, FL. No deficient practice was identified at the time of the survey.