STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968388	R **04/24/2018**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR AT CONNERTON COURT LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21021 BETEL PALM LN** **LAND O LAKES, FL 34638**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 4/24/18 to the complaint survey, (CCR# 2017014837), of 3/05/18. At the time of the desk review, it was determined that the previously cited deficiency at Angels Senior Living at Connerton Court, Assisted Living Facility, had been corrected.

(License # 12268)