STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967896	**08/02/2018**
NAME OF PROVIDER OR SUPPLIER **NORTHWOOD MANOR LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **27737 BREAKERS DRIVE** **WESLEY CHAPEL, FL 33544**	

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

0000 - Initial Comments

Assisted Living Facility

On August 02, 2018 an Abbreviated Survey was conducted at Northwood Manor, LLC. At the time of the survey, the facility had no deficient practice.

(License# 11872)