STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967896	**09/12/2018**
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 September 12, 2018, an initial limited mental health (LMH) survey was conducted at Northwood Manor, LLC. No deficient practice was identified was identified during the survey.

(License #11872)