STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969410	**10/02/2018**
NAME OF PROVIDER OR SUPPLIER **KEYSTONE PLACE AT TERRA BELLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2200 LIVINGSTON ROAD** **LAND O LAKES, FL 34639**	

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

0000 - Initial Comments

Assisted Living Facility

An Initial Survey with Limited Nursing Services and Extended Congregate Care was conducted on 10/02/18.

The Keystone Place at Terra Bella, Assisted Living Facility, had no deficiencies at the time of this visit.