

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969415	(X3) DATE SURVEY COMPLETED 11/07/2018
NAME OF PROVIDER OR SUPPLIER S & R ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 907 WOODLAND TERRACE BRANDON, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY On November 7, 2018, an initial licensure survey was conducted at S & R Assisted Living Facility. S & R Assisted Living Facility had no deficiencies at the time of the survey.		