STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969419	**11/06/2018**
NAME OF PROVIDER OR SUPPLIER **COUNTRY ACRES ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4063 BASEBALL POND RD** **BROOKSVILLE, FL 34602**	

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

0000 - Initial Comments

On November 6, 2018, an initial licensure survey was conducted at Country Acres Assisted Living Facility, Brooksville, Florida. No deficient practice was identified at the time of the survey.