STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964082	R **11/29/2018**
NAME OF PROVIDER OR SUPPLIER **AUSTIN GROUP (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1011 VAN DYKE ROAD** **LUTZ, FL 33548**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 10/12/18 biennial survey was conducted for Austin Group Assisted Living Facility on 11/29/2018. The previously cited deficient practice was found corrected via desk review. (License #8855)