STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967838	C **03/19/2018**
NAME OF PROVIDER OR SUPPLIER **CORRIGAN PLACE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11420 CORRIGAN ST** **SPRING HILL, FL 34609**	

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

0000 - Initial Comments

On March 19, 2018, an unannounced biennial abbreviated survey was conducted at Corrigan Place Assisted Living Facility (license # 11814), Spring Hill, FL. No Deficient practice was identified at the time of survey.