STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968759	**12/12/2018**
NAME OF PROVIDER OR SUPPLIER **ASSURED CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **12209 MATCHFIELD WAY** **RIVERVIEW, FL 33579**	

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

0000 - Initial Comments

Assisted Living Facility

On 12/12/2018, a biennial relicensure survey was conducted at Assured Care Assisted Living Facility (ALF) (Lic. #12602). There were no deficiencies.