STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968837	**11/08/2018**
NAME OF PROVIDER OR SUPPLIER **TZURIEL ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2710 NW 6TH ST** **CAPE CORAL, FL 33993**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted on 11/8/18 at Tzuriel Assisted Living Facility Inc., an assisted living facility (license #12691) in Cape Coral, Florida.

No deficiencies were found at the time of the visit.