STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968909	R **12/28/2018**
NAME OF PROVIDER OR SUPPLIER **GENESIS ALF VALRICO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1108 BLACK KNIGHT DR,** **VALRICO, FL 33594**	

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

0000 - Initial Comments

Assisted Living Facility

On December 28th, 2018 a follow-up to an 11/1/18 Change of Ownership with Limited Mental Health survey was conducted at Genesis ALF (Assisted Living Facility) Valrico. At the time of the survey, the facility had no deficiencies.

(License #12747)