STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968773	**01/11/2019**
NAME OF PROVIDER OR SUPPLIER **GOMES PLACE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17607 SIMMONS RD** **LUTZ, FL 33548**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Standard Survey was conducted at Gomes Place on 01/11/2019 (License #12621).

No deficiencies were identified at the time of the visit.