STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963945	**01/29/2019**
NAME OF PROVIDER OR SUPPLIER **ALDEA GREEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 S. KINGS AVENUE** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

A Change of Ownership survey (CHOW Provisional License for the period 12/20/18 to 6/21/19) was conducted on 1/29/19 in conjunction with a complaint survey (CCR# 2018018305).

The Aldea Green, Assisted Living Facility (License #7656), had no deficiencies at the time of this visit.