STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969410	**02/28/2019**
NAME OF PROVIDER OR SUPPLIER **KEYSTONE PLACE AT TERRA BELLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2200 LIVINGSTON ROAD** **LAND O LAKES, FL 34639**	

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

0000 - Initial Comments

Assisted Living Facility

A Limited Nursing Services Monitoring Survey was conducted at Keystone Place at Terre Bella Assisted Living Facility on 02/28/2019. There was no deficient practice identified at Keystone Place at Terre Bella Assisted Living Facility at the time of the survey.

(License#: 13228)