STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969313	**03/08/2019**
NAME OF PROVIDER OR SUPPLIER **TWIN CREEKS ASSISTED LIVING AND MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **13470 BOYETTE RD** **RIVERVIEW, FL 33569**	

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

0000 - Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring survey was conducted on 3/8/19.

The Twin Creeks Assisted Living And Memory Care, Assisted Living Facility /License #13122, had no deficiencies at the time of this visit.