| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969314** | **03/23/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**HSRE-ASL CASSELBERRY TRS LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2701 HOWELL BRANCH RD**<br>**WINTER PARK, FL 32792** | |

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

**0000 - Initial Comments**

A complaint survey CCR#2019000858, was conducted on 3/30/2018. HSRE-ASL Casselberry TRS LLC, Winter Park LIC#13128 had no deficiencies at the time of the visit.