STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968793	R **04/26/2019**
NAME OF PROVIDER OR SUPPLIER **NORTHDALE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4815 CENTERBROOK COURT** **NORTHDALE, FL 33624**	

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

0000 - Initial Comments

A follow-up to a 03/05/2019 biennial survey was conducted on 04/26/2019 for Northdale Assisted Living Facility. The previously cited deficient practice was found corrected via desk review.