STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963945	**04/18/2019**
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

A complaint investigation (complaint numbers 2019001422 and 2019003180) was conducted at Aldea Green Assisted Living Facility on 04/18/2019. The facility had no deficiencies at the time of the survey.