STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910431	C **04/03/2019**
NAME OF PROVIDER OR SUPPLIER **TANGERINE COVE OF BROOKSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 HOWELL AVENUE** **BROOKSVILLE, FL 34601**	

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

0000 - Initial Comments

A complaint investigation (CCR#2019000446 & CCR#2019001845) was conducted at Tangerine Cove Assisted Living Facility, Brooksville, FL on April 3, 2019. The facility had no deficiencies at the time of the survey.