

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969314	(X3) DATE SURVEY COMPLETED 05/30/2019
NAME OF PROVIDER OR SUPPLIER HSRE-ASL CASSELBERRY TRS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 HOWELL BRANCH RD WINTER PARK, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced generator assessment was conducted at Hsre-Asl Casselberry (license # AL13128) on May 30, 2019. There were no deficiencies found on the day of the visit.		