STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965482	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **RESIDENCE AT TIMBER PINES (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **3140 FOREST ROAD** **SPRING HILL, FL 34606**	

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

0000 - Initial Comments

On August 17, 2017, an unannounced complaint survey (CCR#2017005574) was conducted at Residence at Timber Pines Assisted Living Facility (License #9870). No deficient practice was identified during survey.