

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967740	(X3) DATE SURVEY COMPLETED 12/19/2017
NAME OF PROVIDER OR SUPPLIER LIVING WELL COMMUNITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 JOHN MOORE ROAD BRANDON, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced, abbreviated biennial state licensure survey was conducted on 12/19/17. The Living Well Community LLC, Assisted Living Facility, had no deficiencies at the time of this visit. (License # 11733)		