STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969346	**02/13/2018**
NAME OF PROVIDER OR SUPPLIER **ASSURED CARE ALF NORTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2006 WRANGLER DR** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted at Assured Care North Assisted Living Facility on 02/13/2018. Assured Care Assisted Living Facility North had no deficient practice identified at the time of the visit.