

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/31/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964754	(X3) DATE SURVEY COMPLETED R 05/30/2019
NAME OF PROVIDER OR SUPPLIER SUCCESS CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 MAXIMILLAN DRIVE WESLEY CHAPEL, FL 33543	

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

0000 - Initial Comments

A follow-up to 4/12/19 change of ownership survey was conducted on 05/30/2019 for Success Care Services Assisted Living Facility. The previously cited deficient practice was found corrected via desk review.