STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969140	**02/10/2017**
NAME OF PROVIDER OR SUPPLIER **QUEEN ELAINE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1210 QUEEN ELAINE DR** **CASSELBERRY, FL 32707**	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on 2/10/2017. Queen Elaine Assisted Living Facility LLC. had no deficiencies at the time of the visit.