STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968334	**02/22/2017**
NAME OF PROVIDER OR SUPPLIER **SUMTER PLACE IN THE VILLAGES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1550 KILLINGSWORTH WAY** **THE VILLAGES, FL 32162**	

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

0000 - Initial Comments

On February 22, 2017, complaint survey was conducted for CCR#2016014293 and #2017000148 at Sumter Place In The Villages (facility license number 12227). During the survey deficient practice was not identified.