STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964357	**03/27/2017**
NAME OF PROVIDER OR SUPPLIER **EUSTIS SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **228 NORTH CENTER STREET** **EUSTIS, FL 32726**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2017000174) was conducted on 3/27/2017 at Eustis Senior Care (facility license number 8993). During the survey deficient practice was not identified.