STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910564	R **04/11/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIVING FOR SENIORS**	STREET ADDRESS, CITY, STATE, ZIP CODE **765 NE DELPHINIUM DRIVE** **MADISON, FL 32340**	

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

0000 - Initial Comments

A desk review revisit licensure survey was completed on April 11, 2017 for Southern Living for Seniors (License# 6020). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.