STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968455	R **03/16/2017**
NAME OF PROVIDER OR SUPPLIER **GARDENS AT MONTVERDE LLC, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15425 CR 455** **MONTVERDE, FL 34756**	

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

0000 - Initial Comments

On March 16, 2017, a follow-up survey was conducted at The Gardens At Montverde Assisted Living Facility (facility license number 12341). No deficient practice was identified at this time.