STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967607	**04/19/2017**
NAME OF PROVIDER OR SUPPLIER **WINGS OF LOVE**	STREET ADDRESS, CITY, STATE, ZIP CODE **524 BAHIA TRK TRAIL** **OCALA, FL 34472**	

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

0000 - Initial Comments

A Closure Monitoring Visit was conducted on 4/19/2017 at Wings of Love Assisted Living Facility, 524 Bahia Track Trail, Ocala, FL. There was no evidence of deficient practice at the time of the visit.