STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922369	**04/27/2017**
NAME OF PROVIDER OR SUPPLIER **GARDENS AT TAVARES, INC. (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **900 EAST ALFRED STREET** **TAVARES, FL 32778**	

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

0000 - Initial Comments

On 4/26/2017 through 4/27/2017, a Change of Ownership (CHOW) survey with Limited Nursing Services (LNS) was conducted at the Heritage Assisted Living Facility of Tavares (facility license number 5368), No deficiencies were found at the time of the survey.