STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910252	**05/12/2017**
NAME OF PROVIDER OR SUPPLIER **INN AT FREEDOM SQUARE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **10801 JOHNSON BLVD.** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

Assisted Living Facility

On May 12, 2017, a capacity increase survey was conducted at The Inn at Freedom Square, assisted living facility. There was no deficient practice identified at the time of the visit.

(License # 4759)