STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	R **05/18/2017**
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE** **SANFORD, FL 32771**	

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

0000 - Initial Comments

5/18/17 Desk review to Limited Nursing Services (LNS) completed. Four Seasons, license #10150, had no deficiencies at the time of the survey review.