STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964292	**05/17/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **255 E MAIN STREET** **LAKE ALFRED, FL 33850**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2017002132), was conducted on 5/17/17.

The Southern Gardens, Assisted Living Facility, (License # 8937), had no deficiencies identified at the time of the visit.