STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968513	**05/31/2017**
NAME OF PROVIDER OR SUPPLIER **THE ALTERNATIVE**	STREET ADDRESS, CITY, STATE, ZIP CODE **20714 CHESTNUT ST** **DUNNELLON, FL 34431**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted at The Alternative Assisted Living Facility (License #12392), 20714 Chestnut Street, Dunnellon, FL 34431 on May 31, 2017. No deficient practice was identified at the time of the survey.