STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969211	**06/05/2017**
NAME OF PROVIDER OR SUPPLIER **SAND VILLA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1178 BELLA VISTA CIR** **LONGWOOD, FL 32779**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 6/5/17. Sand Villa Assisted Living Facility had no deficiencies at the time of the visit.