

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922369	(X3) DATE SURVEY COMPLETED R 10/21/2016
NAME OF PROVIDER OR SUPPLIER GARDENS AT TAVARES, INC. (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST ALFRED STREET TAVARES, FL 32778	

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

0000 - Initial Comments

A desk review was conducted as 2nd follow-up on complaint investigation (CCR#2016004899) for The Heritage ALF of Tavares (facility license number 5368). The previously cited deficiency was cleared as a result of the desk review.