

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964292	(X3) DATE SURVEY COMPLETED 06/20/2017
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# 2017003700) was conducted in conjunction with a Limited Nursing Services monitoring visit on 06/20/2017 at Southern Gardens, an assisted living facility, in Lake Alfred, Florida. There were no deficiencies identified at the time of visit. (License # 8937)		