STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964292	**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 Limited Nursing Services monitoring visit was conducted in conjunction with a complaint survey, (CCR# 2017003700), 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)