STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	**07/26/2017**
NAME OF PROVIDER OR SUPPLIER **ALL SEASONS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **509 W. VERONA STREET** **KISSIMMEE, FL 34741**	

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

0000 - Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on 7/26/2017. All Seasons Assisted Living Facility license # 8051 had no deficiencies found at the time of the visit.