STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953614	**08/24/2017**
NAME OF PROVIDER OR SUPPLIER **GREEN ACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **15820 ARCHER STREET** **HUDSON, FL 34667**	

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

0000 - Initial Comments

Assisted Living Facility

A monitoring visit for residents' well-being/compliance with plan of correction related to staffing was conducted at Green Acres on 8/24/17. Green Acres had no new deficiencies at the time of the visit.

(License #8642)