

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910564	(X3) DATE SURVEY COMPLETED R 09/15/2017
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS	STREET ADDRESS, CITY, STATE, ZIP CODE 765 NE DELPHINIUM DRIVE MADISON, FL 32340	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On 9/15/17, a desk review revisit survey was completed for the Change of Ownership survey with Limited Mental Health and Limited Nursing Services dated 7/24/2017 at Southern Living for Seniors Assisted Living Facility (license #6020). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.		