STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953614	**09/19/2017**
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

On September 19, 2017, a monitoring visit for resident well-being was conducted at Green Acres. No deficiencies were identified during the visit.

(license # 8642)