

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964292	(X3) DATE SURVEY COMPLETED 10/02/2017
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 A complaint survey, (CCR# 2017007601), in conjunction with a biennial state licensure survey was conducted at Southern Gardens on 10/2/17. No deficiencies were identified at the time of the visit. (License # 8937)		