STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910252	**09/30/2017**
NAME OF PROVIDER OR SUPPLIER **INN AT FREEDOM SQUARE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **10801 JOHNSON BLVD.** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

Assisted Living Facility

An complaint survey CCR#2017009289 was conducted at Inn at Freedom Square Assisted Living Facility on 9/30/2017. Inn at Freedom Square Assisted Living Facility had no deficient practice identified at the time of survey.

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