| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966640** | **10/10/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**GARDENS OF NORTH PORT (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4900 S SUMTER BLVD**<br>**NORTH PORT, FL 34287** | |

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

**0000 - Initial Comments**

An unannounced relicensure survey was conducted 10/10/17 at Gardens of North Port, an assisted living facility (license # 10843) located in North Port, Florida.

No deficiencies were found at the time of the visit.