STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968343	R **10/24/2017**
NAME OF PROVIDER OR SUPPLIER **MJ PAVILLION INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **728 SOUTH ENDEAVOR DR** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

A revisit to the annual monitoring visit was conducted on 10/24/17. MJ Pavillion Inc., Assisted Living Facility, License #12252 had no deficiencies at the time of the visit.