STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953614	**10/19/2017**
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 October 19, 2017, a monitoring visit for facility closure was conducted at Green Acres, Assisted Living Facility.

(License # 8642)