| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953539** | **10/26/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**OLIVE BRANCH** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8711 CUTLASS DRIVE**<br>**HUDSON, FL 34667** | |

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

**0000 - Initial Comments**

Assisted Living Facility

On October 26, 2017, an abbreviated biennial re-licensure survey was conducted at Olive Branch, Assisted Living Facility. No deficient practice was identified during the survey.

(License # 8551)