STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910252	**11/01/2017**
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 unannounced Limited Nursing Services (LNS) monitoring visit was conducted in conjunction with a complaint survey on 11/1/17.

The Inn at Freedom Square (The), Assisted Living Facility, (License # 4759), had no deficiencies at the time of this visit.