

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969292	(X3) DATE SURVEY COMPLETED 11/06/2017
NAME OF PROVIDER OR SUPPLIER NAVARRE GARDENS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 7254 NAVARRE PKWY NAVARRE, FL 32566	

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

0000 - Initial Comments

An initial survey for licensure as an assisted living facility was conducted on 11/6/2017 at Navarre Gardens in Navarre, FL. At the time of the survey, the facility met requirements for initial licensure.