| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965766** | **11/03/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**PLEASANT GROVE MANOR, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5701 S. PLEASANT GROVE ROAD**<br>**INVERNESS, FL 34452** | |

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

**0000 - Initial Comments**

An unannounced complaint survey (CCR 2017009437) was conducted on November 3, 2017 at Pleasant Grove Manor Assisted Living Facility ( License #10113) in Inverness, FL. Pleasant Grove Manor Assisted Living Facility had no deficiencies at the time of the survey.