STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968268	**12/28/2017**
NAME OF PROVIDER OR SUPPLIER **ELITE GARDEN, LLC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4319 NEPTUNE RD** **SAINT CLOUD, FL 34769**	

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

0000 - Initial Comments

A bed capacity increase (3) survey was conducted on 12/28/2017. Elite Garden, LLC, License#12178, did not have deficiencies at the time of the visit.