STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932407	R **11/20/2017**
NAME OF PROVIDER OR SUPPLIER **MISTY MEADOWS**	STREET ADDRESS, CITY, STATE, ZIP CODE **103 NW 298TH STREET** **NEWBERRY, FL 32669**	

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

0000 - Initial Comments

On 11/20/17, an unannounced follow-up survey was conducted at Misty Meadows Assisted Living Facility (License #8031). No deficient practice was identified at the time of the survey.