STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943061	**12/29/2017**
NAME OF PROVIDER OR SUPPLIER **RESIDENCE CLUB AT SEMINOLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11177 70TH AVENUE NORTH** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial state licensure survey was conducted on 12/29/17.

The Residence Club at Seminole, Assisted Living Facility, (License # 8378), had no deficiencies at the time of this visit.