STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	**11/08/2017**
NAME OF PROVIDER OR SUPPLIER **TWIN CITIES PAVILION**	STREET ADDRESS, CITY, STATE, ZIP CODE **1053 JOHN SIMS PARKWAY** **NICEVILLE, FL 32578**	

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

0000 - Initial Comments

An unannounced extended congregate care (ECC) monitoring visit was conducted in conjunction with a complaint survey for allegations contained within CCR#2017010552 and CCR#2017011222 from 11/6/17 through 11/8/17 at Twin Cities Assisted Living Facility, license #5462. At the time of the survey, deficient practice was identified in relation to the complaint.