STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	R **01/03/2018**
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 revisit survey for the complaint and licensure survey completed on November 8, 2017 was conducted at Twin Cities Pavilion (license # 5462), an assisted living facily, on January 3, 2018. Previously cited deficiencies were found to be corrected at the time of the revisit.