STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968877	R **12/18/2017**
NAME OF PROVIDER OR SUPPLIER **SENIORITYVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1711 N CROFT AVE** **INVERNESS, FL 34453**	

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

0000 - Initial Comments

On December, 18th 2017 a desk review follow-up was conducted on Seniorityville Assisted Living Facility (lic. 12751). No deficient practice was identified at this time.