STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965766	R **12/04/2017**
NAME OF PROVIDER OR SUPPLIER **PLEASANT GROVE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5701 S. PLEASANT GROVE ROAD** **INVERNESS, FL 34452**	

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

0000 - Initial Comments

A desk review was conducted on 12/4/2017 as follow-up to abbreviated relicensure survey with Limited Nursing Services for Pleasant Grove Manor, license #10113. The previously cited deficiency was cleared as a result of the desk review.