STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969025	R **03/19/2018**
NAME OF PROVIDER OR SUPPLIER **ELDERS OF MOUNT DORA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6767 ROUND LAKE RD** **MOUNT DORA, FL 32757**	

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

0000 - Initial Comments

On , 2018 a desk review follow-up was conducted on Elders of Mount Dora Assisted Living Facility (AL11969025). No deficient practice was identified at this time.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC