STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964357	**03/29/2018**
NAME OF PROVIDER OR SUPPLIER **EUSTIS SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **228 NORTH CENTER STREET** **EUSTIS, FL 32726**	

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

0000 - Initial Comments

An unannounced abbreviated biennial licensure survey with Limited Mental Health and Limited Nursing Services was conducted on March 28-29, 2018 at Eustis Senior Care Assisted Living Facility (License #8993), Eustis, FL. No deficient practice was identified at the time of the survey.