STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968261	R **05/03/2018**
NAME OF PROVIDER OR SUPPLIER **COVENTRY ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **415 N WILDER RD** **PLANT CITY, FL 33563**	

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

0000 - Initial Comments

Assisted Living Facility

On 05/03/2018, an unannounced revisit to, 03/19/2018, biennial survey was conducted at Coventry Assisted Living (License 12181), an assisted living facility in Plant City, Florida. All dificiencies were corrected during the survey.