STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953669	R **05/30/2018**
NAME OF PROVIDER OR SUPPLIER **MAYFLOWER ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1620 MAYFLOWER COURT** **WINTER PARK, FL 32792**	

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

0000 - Initial Comments

5/30/18 desk review conducted to relicensure survey. Mayflower Assisted Living, license #8680, had no deficiencies at the time of the review.