STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911097	**06/19/2018**
NAME OF PROVIDER OR SUPPLIER **MAYFIELD RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **460 NEWELL HILL ROAD** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On 06/18 &19/2018 an unannounced Biennial and Limited Nursing Service survey were conducted at Mayfield Retirement Assisted living Facility (License #: 7389) Leesburg, Florida. No deficient practice was identified at time of this survey.