STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942829	R **07/23/2018**
NAME OF PROVIDER OR SUPPLIER **INN AT LAKE SEMINOLE SQUARE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8355 SEMINOLE BLVD.** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

Assisted Living Facility

An onsite revisit was conducted on 7/23/2018 for The Inn at Lake Seminole Square (Lic. #7465). At the time of the survey, the Inn at Lake Seminole Square had no deficient practice.