STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911145	R **08/13/2018**
NAME OF PROVIDER OR SUPPLIER **ELDERLY LIVING CENTER OF HOLLY**	STREET ADDRESS, CITY, STATE, ZIP CODE **810 OLEANDER** **HOLLY HILL, FL 32117**	

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

0000 - Initial Comments

The deficiency was found corrected at the time of the desk review.