

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910252	(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER INN AT FREEDOM SQUARE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 10801 JOHNSON BLVD. SEMINOLE, FL 33772	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY On August 9, 2018 a biennial re-licensure survey with limited nursing services (LNS) was conducted at Inn at Freedom Square assisted living facility. At the time of the survey, the facility had no deficient practice. (License# 4759)		