STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965833	**07/26/2018**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR RESIDENCE OF CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1600 HUNT TRACE BOULEVARD** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

An unannounced licensure survey was conducted on July 25, 2018 through July 26, 2018 at Superior Residences of Clermont, license #10160. No deficient practice was identified at the time of the survey.