

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910564	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS	STREET ADDRESS, CITY, STATE, ZIP CODE 765 NE DELPHINIUM DRIVE MADISON, FL 32340	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018009205 and a monitoring visit for completion of a generator assessment were conducted at Southern Living for Seniors, state license #6020, on 8/29/18. At the time of the survey, no deficient practice was identified.