STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968970	R **08/28/2018**
NAME OF PROVIDER OR SUPPLIER **SENIOR GARDEN ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 EAGLE FEATHER DR** **ORLANDO, FL 32829**	

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

0000 - Initial Comments

8/28/18 desk review conducted to relicensure survey. Senior Garden Assisted Living, file #12796, had no deficiencies at the time of the review.