STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969235	**09/24/2018**
NAME OF PROVIDER OR SUPPLIER **GRAND LIVING AT CITRUS HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **850 W NORVELL BRYANT HWY** **HERNANDO, FL 34442**	

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

0000 - Initial Comments

On September 24, 2018, an unannounced Emergency Power Plan Monitoring survey was conducted at Grand Living at Citrus Hills Assisted Living Facility (License #13042), No deficient practice was identified at the time of the survey.