STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966315	**10/16/2018**
NAME OF PROVIDER OR SUPPLIER **SMYRNA WEST ASSISTED LIVING FA**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 MILFORD PLACE** **NEW SMYRNA BEACH, FL 32168**	

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

0000 - Initial Comments

An unannounced License Nursing Service visit was conducted on 10/16/18 at Smyrna West Assisted Living in New Symrna Beach, Florida. There were no deficiencies found at the time of the visit.