STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969447	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **SUPREME SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **502 SOUTHRIDGE RD** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On November 15, 2018, an initial licensure survey was conducted at Supreme Senior Living in Clermont, Florida. No deficient practice was identified at the time of the survey.

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