STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910252	R **12/04/2018**
NAME OF PROVIDER OR SUPPLIER **INN AT FREEDOM SQUARE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **10801 JOHNSON BLVD.** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 10/15/2018 complaint survey was conducted on 12/04/2018 for Inn at Freedom Square. The previously cited deficient practice was found corrected via desk review.

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