STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	**10/09/2018**
NAME OF PROVIDER OR SUPPLIER **TWIN CITIES PAVILION**	STREET ADDRESS, CITY, STATE, ZIP CODE **1053 JOHN SIMS PARKWAY** **NICEVILLE, FL 32578**	

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

0000 - Initial Comments

An unannounced biennial survey with extended congregate care (ECC) was conducted on October 8, 2018 at Twin Cities Pavilion, (license #5462). No deficient practice was identified at the time of the survey.