STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953211	**12/10/2018**
NAME OF PROVIDER OR SUPPLIER **FRENCH BLOSSOMS TWO, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1782 COCONUT DRIVE** **VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted on 12/10//18 at French Blossoms, an assisted living facility (license #8446) in Venice, Florida.

No deficiencies were found at the time of the visit.