STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953571	**12/05/2018**
NAME OF PROVIDER OR SUPPLIER **LIZ'S ADULT CARE GARDEN HOME FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1222 ZINNEA STREET** **PORT CHARLOTTE, FL 33952**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted 12/5/18 at Liz' s Adult Care Garden Home Facility, an assisted living facility (license #6010) in Port Charlotte, Florida.

No deficiencies were found at the time of the visit.