STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966640	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **GARDENS OF NORTH PORT (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4900 S SUMTER BLVD** **NORTH PORT, FL 34287**	

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 12/17/18 at The Gardens of North Port, an assisted living facility (license #10843) in North Port, Florida.

No deficiencies were identified.