STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964339	**01/17/2019**
NAME OF PROVIDER OR SUPPLIER **THE COVE AT TAVARES VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1501 SUNSHINE PARKWAY** **TAVARES, FL 32778**	

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

0000 - Initial Comments

On January 16, 2019 through January 17, 2019, an unannounced biennial re-licensure with Emergency Power Plan Monitoring survey was conducted at The Cove at Tavares Village Assisted Living Facility (License #8948). No deficient practice was identified at the time of the survey.