STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964997	C **08/14/2018**
NAME OF PROVIDER OR SUPPLIER **MAYFLOWER, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19880 N US HWY 441** **HIGH SPRINGS, FL 32655**	

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

0000 - Initial Comments

On August 14, 2018, an unannounced complaint investigation survey (CCR #2018010512) was conducted at Mayflower Assisted Living Facility (License # 9545), High Spring, FL. No deficient practice was identified at the time of the survey.