STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969100	R **12/20/2018**
NAME OF PROVIDER OR SUPPLIER **TOMEGUIN GARDEN ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **107 CELAVA CT** **KISSIMMEE, FL 34743**	

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

0000 - Initial Comments

12/20/18 desk review conducted to relicensure survey. Tomeguin Garden AL LLC, license # 12952, had no deficiencies at the time of the review.