

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964339	(X3) DATE SURVEY COMPLETED C 07/18/2018
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 July 18, 2018, an unannounced complaint investigation survey (CCR #2018010241) was conducted at The Cove at Tavares Village Assisted Living Facility (License #8948). No deficient practice was identified at the time of the survey.