STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965833	C **10/08/2018**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR RESIDENCE OF CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1600 HUNT TRACE BOULEVARD** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On October 8, 2018, an unannounced complaint investigation survey (CCR #2018014393) was conducted at Superior Residences of Clermont Assisted Living Facility (License #10160), Clermont, FL. No deficient practice was identified at the time of the survey.