STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910564	R **03/06/2019**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIVING FOR SENIORS**	STREET ADDRESS, CITY, STATE, ZIP CODE **765 NE DELPHINIUM DRIVE** **MADISON, FL 32340**	

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

0000 - Initial Comments

On March 6, 2019, a desk review revisit to the Biennial survey was conducted at Southern Living For Seniors Assisted Living Facility. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.