STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969324	R **02/25/2019**
NAME OF PROVIDER OR SUPPLIER **DIVINE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **533 E CITRUS ST** **ALTAMONTE SPRINGS, FL 32701**	

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

0000 - Initial Comments

An unannounced monitoring revisit related to emergency environmental control plan was conducted at Divine Assisted Living Facility, located in Altamonte Springs, Florida on 02/26/2019. Deficient practice was not found at the time of the monitoring revisit.