

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968334	(X3) DATE SURVEY COMPLETED C 03/13/2019
NAME OF PROVIDER OR SUPPLIER SUMTER PLACE IN THE VILLAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 1550 KILLINGSWORTH WAY THE VILLAGES, FL 32162	

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

0000 - Initial Comments

On March 13, 2019, an unannounced monitoring survey was conducted at Sumter Place in The Villages Assisted Living Facility. No deficient practice was identified at the time of the survey.