STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968055	R **03/18/2019**
NAME OF PROVIDER OR SUPPLIER **NUVISTA LIVING AT WELLINGTON GREEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **10334 DEVONSHIRE BLVD** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

An unannounced Monitoring revisit survey was commenced on 03/15/19 and concluded on 03/18/19 at Nuvista Living at Wellington Green, License #12050. The facility corrected the outstanding deficiency at the time of the survey.