STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965083	**03/13/2019**
NAME OF PROVIDER OR SUPPLIER **ISLAND SPLENDOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1155 18TH AVENUE S.W.** **LARGO, FL 33778**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey was conducted on 3/13/19

The Island Splendor, Assisted Living Facility /License #9487, had no deficiencies at the time of this visit.