STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922369	R-C **04/01/2019**
NAME OF PROVIDER OR SUPPLIER **GARDENS AT TAVARES, INC. (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **900 EAST ALFRED STREET** **TAVARES, FL 32778**	

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

0000 - Initial Comments

An unannounced follow-up to biennial re-licensure and emergency power plan monitoring survey was conducted by desk review for The Gardens at Tavares Inc. on April 1, 2019. Deficiencies were found to be corrected at the time of the survey.