STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969140	R **03/28/2019**
NAME OF PROVIDER OR SUPPLIER **QUEEN ELAINE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1210 QUEEN ELAINE DR** **CASSELBERRY, FL 32707**	

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

0000 - Initial Comments

A desk review to the re-licensure survey was conducted on 3/28/2019 at Queen Elaine Assisted Living Facility LLC, Casselberry (LIC#12973) had no deficiency at the time.