STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966315	R **04/02/2019**
NAME OF PROVIDER OR SUPPLIER **SMYRNA WEST ASSISTED LIVING FA**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 MILFORD PLACE** **NEW SMYRNA BEACH, FL 32168**	

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

0000 - Initial Comments

An unannounced revisit to the biennial licensure survey was conducted at Smyrma West Assisted Living Facility (License #10584) on April 2, 2019.

Smyrna West Assisted Living Facility had no deficiencies found as a result of the survey.