STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932407	C **04/03/2019**
NAME OF PROVIDER OR SUPPLIER **MISTY MEADOWS**	STREET ADDRESS, CITY, STATE, ZIP CODE **103 NW 298TH STREET** **NEWBERRY, FL 32669**	

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

0000 - Initial Comments

On [redacted] an unannounced complaint survey investigation (CCR# 2019000687) was conducted at Misty Meadows, Newberry, Florida. No deficient practice was identified at the time of visit.

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