STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965833	C **03/18/2019**
NAME OF PROVIDER OR SUPPLIER **RESIDENCE OF CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1600 HUNT TRACE BOULEVARD** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR #2019000668) was conducted at , Residents an Assisted Living Facility in Clermont, Florida on , Residents Assisted Living Facility had no deficiencies at the time of the investigation.