

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964997	(X3) DATE SURVEY COMPLETED C 04/11/2019
NAME OF PROVIDER OR SUPPLIER MAYFLOWER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 19880 N US HWY 441 HIGH SPRINGS, FL 32655	

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

0000 - Initial Comments

On 04/11/2019, a biennial re-licensure survey and emergency power plan monitoring was conducted at The Mayflower Assisted Living Facility in High Springs, FL. No deficient practice was identified at the time of the survey.