STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966673	C **04/22/2019**
NAME OF PROVIDER OR SUPPLIER **PURE RESTORATION ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1321 LAKEVIEW DR** **INVERNESS, FL 34450**	

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

0000 - Initial Comments

An unannounced generator monitoring visit related to emergency environmental control plan was conducted at Pure Restoration Assisted Living located in Inverness, Florida on 04/22/2019. There was no deficient practice found at the time of the monitoring visit.