STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968455	R-C **04/16/2019**
NAME OF PROVIDER OR SUPPLIER **GARDENS AT MONTVERDE LLC, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15425 CR 455** **MONTVERDE, FL 34756**	

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

0000 - Initial Comments

A revisit to an abbreviated biennial re-licensure survey was conducted at Gardens at Montverde Assisted Living Facility on April 16, 2019. Deficiencies were found to be corrected at the time of the survey.

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