STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911145	R **05/15/2019**
NAME OF PROVIDER OR SUPPLIER **ELDERLY LIVING CENTER OF HOLLY**	STREET ADDRESS, CITY, STATE, ZIP CODE **810 OLEANDER** **HOLLY HILL, FL 32117**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at [facility name] on [date]. Deficiencies were found to be corrected at the time of the survey.