STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967339	**05/15/2019**
NAME OF PROVIDER OR SUPPLIER **ACCORDIA WOODS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1889 CURLEW ROAD** **PALM HARBOR, FL 34683**	

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

0000 - Initial Comments

A monitoring visit for compliance with the emergency power plan requirements was conducted at Accordia Woods Assisted Living Facility on 05/15/2019. Accordia Woods had no deficiencies at the time of the survey.