| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969211** | R<br>**05/15/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAND VILLA ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1178 BELLA VISTA CIR**<br>**LONGWOOD, FL 32779** | |

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

**0000 - Initial Comments**

A revisit to the re-licensure survey was conducted at Sand Villa Assisted Living Facility on 5/15/19. Deficiencies were be corrected at the time of the survey.