STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943061	**05/15/2019**
NAME OF PROVIDER OR SUPPLIER **RESIDENCE CLUB AT SEMINOLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11177 70TH AVENUE NORTH** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

A monitoring visit for compliance with emergency power plan was conducted at Residence Club at Seminole Assisted Living Facility on 05/15/2019. The provider had no deficiencies at the time of the visit.