STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922282	C **12/13/2017**
NAME OF PROVIDER OR SUPPLIER **PLEASANTVILLE, ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **609 OAK AVENUE** **MOUNT DORA, FL 32757**	

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

0000 - Initial Comments

An unannounced abbreviated biennial licensure survey was conducted on December 13, 2017 at Pleasantville Assisted Living (License # 7968), Mount Dora, Florida. No deficient practice was identified at the time of the survey.