STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964459	R **05/21/2019**
NAME OF PROVIDER OR SUPPLIER **CITRUS GARDEN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4805 EAST LAKE DRIVE** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on . . . . . at Citrus Garden Assisted Living, Winter Springs. A deficiency was found at the time of the visit.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain a safe environment.

Findings:

During an observation on at 10 am, this surveyor observed 2 small holes in the carpet, each approximately 2- 4 inches long. One was located at the doorway of a resident's room on the second floor and the other by the upstairs hallway closet. The holes were missing carpet and there were nails sticking up from the floor board, causing a hazard.

In an interview with the administrator on . . . . . at 10:30 am, she confirmed the findings.

. . . . . Photographic evidence obtained

Class III