STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967689	R **08/05/2019**
NAME OF PROVIDER OR SUPPLIER **GENTLE SHEPHERD ASSISTED LIVING FACILITY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1707 WEST OAK STREET** **KISSIMMEE, FL 34741**	

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

0000 - Initial Comments

A second revisit to the emergency power plan monitoring was conducted at The Gentle Shepherd Assisted Living on 8/05/2019. Deficiencies were found to be corrected at the time of the survey.