STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968055	R **10/18/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NUVISTA LIVING AT WELLINGTON GREEN	**10334 DEVONSHIRE BLVD** **WELLINGTON, FL 33414**

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

0000 - Initial Comments

A follow-up inspection was conducted on 10/18/2017 at NuVista Living at Wellington Green (License #12050) assisted living facility. The facility did not have deficiencies during this visit.