STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968877	C **02/06/2018**
NAME OF PROVIDER OR SUPPLIER **SENIORITYVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1711 N CROFT AVE** **INVERNESS, FL 34453**	

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

0000 - Initial Comments

An unannounced compliant survey (CCR#2018000899) was conducted at Seniorityville Assisted Living Facility on 02/06/2018 located at 1711 North Croft Avenue in Inverness. No deficiencies were identified at time of survey.