STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953517	R **03/14/2018**
NAME OF PROVIDER OR SUPPLIER **PURE RESTORATION ASSISTED LIVINING OF**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 NE 9TH AVENUE** **CRYSTAL RIVER, FL 34429**	

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

0000 - Initial Comments

On March 14, 2018, an unannounced follow-up to Change of Ownership survey was conducted at Pure Restoration Assisted Living of Crystal River (license # 8652), Crystal River, FL. No Deficient practice was identified at the time of survey.