STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943061	R **06/05/2018**
NAME OF PROVIDER OR SUPPLIER **RESIDENCE CLUB AT SEMINOLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11177 70TH AVENUE NORTH** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 04/13/2018 complaint survey was conducted on 06/05/2018 at Residence Club at Seminole. The previously cited deficiency was found corrected via desk review.