| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968055** | **01/31/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**NUVISTA LIVING AT WELLINGTON GREEN** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**10334 DEVONSHIRE BLVD**<br>**WELLINGTON, FL 33414** | |

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

**0000 - Initial Comments**

An unannounced Wellness Monitoring survey was conducted on 01/31/2019 at Nuvista Living at Wellington Green, License # 12050. The facility had no deficiencies identified at the time of the survey.

Please note the facility has an outstanding deficiency for survey conducted on 12/12/18. See separate report for findings.