STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965381	**02/17/2017**
NAME OF PROVIDER OR SUPPLIER **ALMOST HOME AT NORTH SPRINGS, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7506 NW 42ND STREET** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced Change of Ownership survey was conducted on 2/17/17 at Almost Home at North Springs Inc, License # 9793. The facility had no deficiencies at the time of the visit.