STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	R **04/26/2017**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2** **GRACEVILLE, FL 32440**	

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

0000 - Initial Comments

A revisit licensure survey was completed on April 26, 2017 for Hill View Assisted Living (license number 11636). Previously cited deficiencies were found corrected.