STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969195	**05/12/2017**
NAME OF PROVIDER OR SUPPLIER **ANNIE'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1201 NW 39TH AVE** **GAINESVILLE, FL 32609**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted on May 12, 2017 at Annie's House Assisted Living Facility in Gainesville, FL. Annie's House had no deficiencies at the time of the visit.