

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/31/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968816	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER SARAH HOUSE IV (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 30 FOREST CT ORMOND BEACH, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced complaint, CCR #2017004568 was conducted on 5/17/2017. Sarah House IV had no licensure deficiencies related to this complaint at the time of the visit.