STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967853	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **FLORRY HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5111 SMITH RYALS RD** **PLANT CITY, FL 33567**	

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

0000 - Initial Comments

Assisted Living Facility

On May 30, 2017, a limited nursing services (LNS) monitoring visit was conducted at Florry House. Deficient practice was not identified at the time of the visit.

(License # 11825)