STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968557	R **06/15/2017**
NAME OF PROVIDER OR SUPPLIER **FAITH HOME CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **114 EUCLID AVE** **SEFFNER, FL 33584**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 06/15/17. The deficient practice previously identified during the LNS monitoring visit on 05/24/17 was corrected during the review.

Lic # 12447