STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966523	**04/19/2017**
NAME OF PROVIDER OR SUPPLIER **HAWTHORN HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 HAWTHORN HOUSE DR** **SHALIMAR, FL 32579**	

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

0000 - Initial Comments

An unannounced biennial survey with specialty license for limited nursing services was conducted at Hawthorn House Assisted Living Facility, license #10706, from 4/18/17 through 4/19/17. At the time of survey there were no deficiencies identified.