STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968816	R **07/20/2017**
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

The deficiency was corrected at the time of the desk review.