STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969226	**07/19/2017**
NAME OF PROVIDER OR SUPPLIER **HEALING HANDS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1394 ENCLAVE DR** **ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

An initial survey was conducted on July 19, 2017. Health Hands Assisted Living Facility had no deficiencies at the time of the survey.