STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968495	**08/04/2017**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **38130 PRETTY POND RD** **ZEPHYRHILLS, FL 33540**	

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

0000 - Initial Comments

Assisted Living Facility

On August 3rd and 4th, 2017, a complaint survey, (CCR# 2017005698) in conjunction with a biennial survey was conducted at American House of Zephyrhills, Assisted Living Facility. No deficiencies were identified at the time of the visit.

(license # 12384)