STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967919	R **08/14/2017**
NAME OF PROVIDER OR SUPPLIER **AMBITIOUS QUALITY-CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3939 COUNTRY PL** **WINTER HAVEN, FL 33880**	

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

0000 - Initial Comments

Assisted Living Facility

On 8/14/17 a Revisit to 6/25/17 complaint (CCR#2017004056) survey was conducted at Ambitious Quality Care. The deficiencies previously cited on 6/25/17 were corrected.
(license #11988)