STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911335	R **08/24/2017**
NAME OF PROVIDER OR SUPPLIER **KINGSHOUSE RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **151 SOUTH MISSOURI STREET** **LA BELLE, FL 33935**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 8/24/17 at Kingshouse Retirement Center, an assisted living facility (license #4901) in Labelle Florida.

This was a follow-up to the biennial survey completed on 5/31/17.

The previous deficiencies were found corrected and no new deficiencies were identified.