STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968552	**08/21/2017**
NAME OF PROVIDER OR SUPPLIER **FAMILY HOME CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6214 N THATCHER AVE** **EGYPT LAKE, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced re-licensure survey was conducted on 08/21/2017 at Family Home Care ALF (License #12417), an assisted living facility in Tampa, Florida. There were no deficiencies identified at the time of visit.

(License # 12417)