STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964605	R **09/14/2017**
NAME OF PROVIDER OR SUPPLIER **HAPPY ACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 ANDERSON DRIVE** **BONIFAY, FL 32425**	

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

0000 - Initial Comments

On September 14, 2017, a desk review revisit survey was completed for the licensure survey dated July 19, 2017 at Happy Acres Assisted Living Facility (license #9130). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.