STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968540	R **11/09/2017**
NAME OF PROVIDER OR SUPPLIER **HONOR HOUSE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1912 DOVE FIELD PL** **BRANDON, FL 33510**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 11/09/17 to a biennial state licensure survey of 9/21/17. At the time of the desk review, it was determined that the previously cited deficiency had been corrected.

(License # 12421)