STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964516	**10/24/2017**
NAME OF PROVIDER OR SUPPLIER **VALENCIA HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4870 ORANGE GROVE WAY** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced abbreviated biennial state re-licensure survey was conducted on 10/24/17.

The Valencia House, Assisted Living Facility, (License # 9016), had no deficiencies at the time of the visit.