STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966523	**08/23/2017**
NAME OF PROVIDER OR SUPPLIER **HAWTHORN HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 HAWTHORN HOUSE DR** **SHALIMAR, FL 32579**	

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

0000 - Initial Comments

An unannounced monitoring visit for limited nursing services was conducted in conjunction with a survey for a requested capacity increase on 8/23/17 at Hawthorn House Assisted Living Facility (License#10706). No deficiencies were identified at the time of the visit, and the facility was determined to have the capability of meeting the needs for a capacity increase.