STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966643	**11/27/2017**
NAME OF PROVIDER OR SUPPLIER **THERESA HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **485 MAPLE WAY** **SAFETY HARBOR, FL 34695**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial state relicensure survey with Extended Congregate Care (ECC) was conducted on 11/27/17. The Theresa Home, Assisted Living Facility, (License #10785), had no deficiencies at the time of this visit.