STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968158	R **11/15/2017**
NAME OF PROVIDER OR SUPPLIER **AT HOME CARE ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **42042 CHINABERRY ST** **EUSTIS, FL 32736**	

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

0000 - Initial Comments

On 11/15/2017 an unannounced follow-up survey to an Abbreviated Biennial Licensure Survey on 10/02/2017 was conducted at At Home Care Assisted Living Facility (License # 12099), Eusits, FL. No deficient practice was identified at the time of the survey and the previous deficiency was cleared.