STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953263	R **12/05/2017**
NAME OF PROVIDER OR SUPPLIER **YOUNG AT HEART ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **26563 SANDHILL BLVD.** **PUNTA GORDA, FL 33983**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 12/05/17 at Young At Heart Adult Care Inc, an assisted living facility (license #8481) in Punta Gorda, Florida.

This is a follow-up to a complaint survey completed on 7/26/17.

The previous deficiency was found to be corrected and no new deficiencies were identified.