STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968932	R **12/22/2017**
NAME OF PROVIDER OR SUPPLIER **PERSON TO PERSON CARE CENTER, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6309 E FLORIDA CIR** **APOLLO BEACH, FL 33572**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 12/22/17 to the biennial state relicensure survey with Limited Mental Health (LMH). At the time of the desk review, it was determined that the previously cited deficiencies at Person to Person Care Center, LLC, Assisted Living Facility, had been corrected.

(License # 12770)