STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966439	R **01/03/2018**
NAME OF PROVIDER OR SUPPLIER **LITTLE RANCH OF HOPE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15750 LITTLE RANCH ROAD** **SPRING HILL, FL 34610**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 1/03/18 to the biennial state re-licensure survey of 11/06/17. At the time of the desk review, it was determined that the previously cited deficiencies had been corrected.

(License # 10730)