STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965627	**12/20/2017**
NAME OF PROVIDER OR SUPPLIER **SAFE AND SECURE RESPITE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 SKYLINE DRIVE** **CRESTVIEW, FL 32539**	

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

0000 - Initial Comments

An unannounced limited nursing services monitoring visit was conducted on 12/20/17 at Safe and Secure Respite Care, LLC., assisted living facility (license #9977). No deficiencies were found at the time of the visit.