| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11943031** | R<br>**01/24/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**DURANT HOME LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6929 DURANT ROAD**<br>**PLANT CITY, FL 33567** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A desk review was conducted on to the biennial state licensure survey with Limited Mental Health (LMH) of . At the time of the desk review, it was determined that the previously cited deficiencies at Durant Home LLC, Assisted Living Facility, had been corrected.

(License # 6680)