STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965135	**01/09/2018**
NAME OF PROVIDER OR SUPPLIER **FORSYTH HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5887 BERRYHILL RD** **MILTON, FL 32570**	

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

0000 - Initial Comments

On 1/9/2018, an unannounced complaint survey for allegations contained within CCR# 2017015726 was conducted at Forsyth House (license #9549), an assisted living facility located at 5887 Berryhill Road in Milton, Florida. No deficient practice was identified at the time of the survey.