

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965241	(X3) DATE SURVEY COMPLETED 01/18/2018
NAME OF PROVIDER OR SUPPLIER STANLEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 718 WALTON RD DEFUNIAK SPRINGS, FL 32433	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2017013916 and CCR#2017015045 was conducted on 01/17/18 and 01/18/18 at the Stanley House (license #9616) assisted living facility. This was conducted in conjunction with a Limited Nursing Services monitoring visit. No deficient practice was identified at the time of the survey.