STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	R **01/18/2018**
NAME OF PROVIDER OR SUPPLIER **ACADEMY ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 SOLTMAN AVENUE** **FORT PIERCE, FL 34950**	

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

0000 - Initial Comments

A complaint survey revisit, CCR #2017011210, was conducted on January 18, 2018 at Academy Assisted Living Facility, Inc, License #7824. Previously cited deficiencies were corrected.