STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968552	**01/23/2018**
NAME OF PROVIDER OR SUPPLIER **FAMILY HOME CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6214 N THATCHER AVE** **EGYPT LAKE, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2018000510), was conducted on 01/23/2018, at Family Home Care Assisted Living Facilty. Family Home Care Assisted Living Facility had no deficiencies at the time of the investigation.

(License # 12417)