STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966105	R **02/09/2018**
NAME OF PROVIDER OR SUPPLIER **HIDDEN PINES A.L.F., INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **16242 SYCAMORE DRIVE E** **LOXAHATCHEE, FL 33470**	

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

0000 - Initial Comments

A Revisit to the re-licensure survey was conducted as a desk review on February 9, 2018 for Hidden Pines A.L.F., Inc., License #10390. Previously cited deficiencies were found corrected.