STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968701	**02/09/2018**
NAME OF PROVIDER OR SUPPLIER **CARING HANDS RESIDENCE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **REDFIN DR, POINCIANA** **POINCIANA, FL 34759**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An unannounced ECC (Extended Congregate Care) survey was conducted on 2/9/18 at Caring Hands Residences (license #12559), an Assisted Living Facility in Poinciana, Florida.

No deficiencies were found at the time of the visit.