STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968607	R **03/16/2018**
NAME OF PROVIDER OR SUPPLIER **GOD ANSWERS PRAYERS-EMMANUEL INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13470 SE 101 TER,** **BELLEVIEW, FL 34420**	

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

0000 - Initial Comments

On March 16th, 2018 a follow-up desk review survey was conducted on God Answers Prayers-Emmanuel Assisted Living Facility (license #124822). No deficient practice was identified.