STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967156	R **03/22/2018**
NAME OF PROVIDER OR SUPPLIER **EMERALD HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **8717 GREENFIELD LANE** **ZEPHYRHILLS, FL 33541**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 3/22/18 to the abbreviated biennial state licensure survey with limited mental health (LMH). At the time of the desk review, it was determined that the previously cited deficiency at Emerald Hills had been corrected.

(License # 11261)