STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968557	R **02/15/2018**
NAME OF PROVIDER OR SUPPLIER **FAITH HOME CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **114 EUCLID AVE** **SEFFNER, FL 33584**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An unannounced revisit survey was conducted on 2/15/18 at Faith Home Care, an Assisted Living Facility (license #12447) in Seffner, Florida.

This was a follow-up to the biennial with Limited Nursing Services survey completed on 11/29/17.

The previous deficiencies were found corrected and no new deficiencies were identified.