STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966790	**03/09/2018**
NAME OF PROVIDER OR SUPPLIER **PATTY'S HOUSE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10637 LITHIA PINECREST ROAD** **LITHIA, FL 33547**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Complaint investigation (CCR# 2018000581) was conducted on 3/9/18.

The Patty's House Inc., Assisted Living Facility License #10931, had no deficiencies at the time of this visit.