

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968231	(X3) DATE SURVEY COMPLETED 03/19/2018
NAME OF PROVIDER OR SUPPLIER DEBRA'S ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 E LOUISE AVE SEMINOLE HEIGHTS, FL 33603	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY On March 19, 2018, an abbreviated biennial re-licensure survey with limited mental health (LMH) services was conducted at Debra's Assisted Living Facility. Debra's Assisted Living Facility had no deficient practice identified during the surveys. (License# 12172)		