

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964605	(X3) DATE SURVEY COMPLETED 03/22/2018
NAME OF PROVIDER OR SUPPLIER HAPPY ACRES ASSISTED LIVING FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 700 ANDERSON DRIVE BONIFAY, FL 32425	

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

0000 - Initial Comments

An unannounced complaint survey was conducted at Happy Acres assisted living (license #9130) located in Bonifay, FL to review the allegations in CCR# 2018003408 on 3/22/18. No deficient practice was identified at the time of the survey.