

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968269	(X3) DATE SURVEY COMPLETED R 04/03/2018
NAME OF PROVIDER OR SUPPLIER SARAH HOUSE III, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 OLD TOMOKA RD ORMOND BEACH, FL 32174	

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

0000 - Initial Comments

A follow-up visit to a biennial survey was conducted at Sarah House III on 4/3/2018. Sarah House III had no deficiencies at the time of the visit.