STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969336	**04/17/2018**
NAME OF PROVIDER OR SUPPLIER **ROYAL DALTON HOUSE THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5445 W OAK PARK BLVD** **HOMOSASSA, FL 34446**	

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

0000 - Initial Comments

On April 17, 2018, an announced initial licensure survey was conducted at The Royal Dalton House Assisted Living Facility, Homosassa, FL. No deficient practice was identified at the time of survey.