STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964754	R **05/10/2018**
NAME OF PROVIDER OR SUPPLIER **WESLEY HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 MAXIMILLAN DRIVE** **WESLEY CHAPEL, FL 33543**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 5/10/18 to the abbreviated biennial state relicensure survey with limited mental health (LMH) of 3/30/18. At the time of the desk review, it was determined that the previously cited deficiency had been corrected.

(License # 9256)