STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967853	**04/27/2018**
NAME OF PROVIDER OR SUPPLIER **FLORRY HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5111 SMITH RYALS RD** **PLANT CITY, FL 33567**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Abbreviated Biennial licensure survey with Limited Nursing Services (LNS) and Limited Mental Health (LMH) was conducted on 4/27/18.

The Florry House, Assisted Living Facility /License #11825, had no deficiencies at the time of this visit.