STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968665	**06/07/2018**
NAME OF PROVIDER OR SUPPLIER **ALMOST HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14303 SPRING HILL DR** **BROOKSVILLE, FL 34609**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted on 06/07/2018 at Almost Home Assisted Living Facility (ALF), Inc. (License #12538), Spring Hill, FL. No deficient practice was identified at the time of the survey.