STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968956	**07/05/2018**
NAME OF PROVIDER OR SUPPLIER **HOME CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1906 BELHAVEN DR** **ORANGE PARK, FL 32065**	

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

0000 - Initial Comments

A complaint investigation (CCR #2018003382,) was conducted at Home Care Assisted Living (License #12803) on 07/05/2018. No deficiencies were identified at the time of the investigation.