STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911335	**07/05/2018**
NAME OF PROVIDER OR SUPPLIER **KINGSHOUSE RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **151 SOUTH MISSOURI STREET** **LA BELLE, FL 33935**	

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

0000 - Initial Comments

An unannounced limited nursing services monitor survey was conducted 7/5/18 at Kingshouse, an assisted living facility (license #4901) in Labelle, Florida.

No deficiencies were found at the time of the visit.