

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965241	(X3) DATE SURVEY COMPLETED R 07/03/2018
NAME OF PROVIDER OR SUPPLIER STANLEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 718 WALTON RD DEFUNIAK SPRINGS, FL 32433	

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

0000 - Initial Comments

A desk review revisit licensure survey was completed on 7/3/2018 at Stanley House, state license #9616, for the biennial survey conducted on 5/16/18- 5/17/18. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.