STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964216	**08/07/2018**
NAME OF PROVIDER OR SUPPLIER **SARAH HOUSE II (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1724 VALENCIA AVENUE** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

A complaint investigation, CCR# 2018007220, was conducted at The Sarah House II (License #8931) on August 7, 2018.

The Sarah House II did not have any deficiencies found at the time of the investigation.