

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964605	(X3) DATE SURVEY COMPLETED 07/26/2018
NAME OF PROVIDER OR SUPPLIER HAPPY ACRES ASSISTED LIVING FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 700 ANDERSON DRIVE BONIFAY, FL 32425	

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

0000 - Initial Comments

An unannounced monitoring visit to complete a generator assessment was conducted at Happy Acres Assisted Living Facility, Inc. on 7/26/2018. At the time of survey, there were no deficiencies identified.