STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969335	**08/03/2018**
NAME OF PROVIDER OR SUPPLIER **BEACH HOUSE ASSISTED LIVING AND MEMORY CARE AT**	STREET ADDRESS, CITY, STATE, ZIP CODE **30070 STATE RD 56** **WESLEY CHAPEL, FL 33543**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey (CCR#2018009608) was completed at Beach House Assisted Living and Memory Care on 08/03/2018. Beach House Assisted Living and Memory Care had no deficient practice identified at the time of the survey.

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