

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965159	(X3) DATE SURVEY COMPLETED 04/18/2018
NAME OF PROVIDER OR SUPPLIER SABAL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 CROSSVILLE STREET CANTONMENT, FL 32533	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR# 2018003605 was conducted at Sabal House Assisted Living Facility, license #9571 , in Cantonment, FL on 4/18/2018. At the time of the survey, no deficient practice was identified.