

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965135	(X3) DATE SURVEY COMPLETED 05/10/2018
NAME OF PROVIDER OR SUPPLIER FORSYTH HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5887 BERRYHILL RD MILTON, FL 32570	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted at Forsyth House, state license #9549, an assisted living facility in Milton, FL on 5/10/2018. At the time of the survey, no deficient practice was identified.