STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967919	R **08/21/2018**
NAME OF PROVIDER OR SUPPLIER **AMBITIOUS QUALITY-CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3939 COUNTRY PL** **WINTER HAVEN, FL 33880**	

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

0000 - Initial Comments

Assisted Living Facility

A second revisit was conducted on 8/21/18 for Ambitious Quality Care Assisted Living Facility. The deficient practice previously cited on 4/18/18 was corrected during the revisit.

License # 11988