STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942864	R **09/11/2018**
NAME OF PROVIDER OR SUPPLIER **DOLPHIN HOUSE, INC. (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9670 - 134 STREET, NORTH** **SEMINOLE, FL 33776**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a . . . . . abbreviated biennial survey was conducted for Dolphin House on . The previously cited deficiencies were found corrected via desk review.

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