AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 09/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969393	**09/04/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPPING STONES ASSISTED LIVING FACILITY	**183 SE COLUMBUS TRL** **MADISON, FL 32340**

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

0000 - Initial Comments

An announced initial licensure survey and generator assessment were conducted at Stepping Stones Assisted Living Facility on 9/4/18. At the time of survey, there were no deficiencies identified.