STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965113	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **ALMOST HOME BEACHES**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 WEST FIRST STREET** **ATLANTIC BEACH, FL 32233**	

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

0000 - Initial Comments

On 09/18/2018, an emergency power plan monitoring survey was conducted at Almost Home Beaches Assisted Living Facility. Deficient practice was not identified during the survey.