STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966282	**06/25/2018**
NAME OF PROVIDER OR SUPPLIER **HIGHER GROUND**	STREET ADDRESS, CITY, STATE, ZIP CODE **10155 SE 110TH STREET ROAD** **CANDLER, FL 32111**	

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

0000 - Initial Comments

On 06/25/2018, an unannounced biennial re-licensure survey was conducted at Higher Ground Assisted Living Facility (License #10505), Belleview, FL. No deficient practice was identified at the time of the survey.