STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965381	**08/28/2018**
NAME OF PROVIDER OR SUPPLIER **ALMOST HOME AT NORTH SPRINGS, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7506 NW 42ND STREET** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018008536, was conducted on 08/28/2018 at Almost Home At North Springs, Inc., License #9793. The facility had no deficiencies at the time of the visit.

The above complaint survey was conducted in conjunction with the Relicensure survey. Please see separate report.