STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968701	R **10/24/2018**
NAME OF PROVIDER OR SUPPLIER **CARING HANDS RESIDENCE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **REDFIN DR, POINCIANA** **POINCIANA, FL 34759**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 09/06/2018 biennial survey was conducted for Caring Hands Residence (license #12559) on 10/24/2018. The previously cited deficient practice was found corrected via desk review.