STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965728	R **11/08/2018**
NAME OF PROVIDER OR SUPPLIER **ACES**	STREET ADDRESS, CITY, STATE, ZIP CODE **124 DINK ALBRITTON** **WAUCHULA, FL 33873**	

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

0000 - Initial Comments

A follow-up to the 09/20/2018 abbreviated biennial survey for Adult Community Education Serivces (ACES) was conducted on 11/08/2018. The previously cited deficient practice was found corrected via desk review.

License #10065