STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	R **10/16/2018**
NAME OF PROVIDER OR SUPPLIER **ACADEMY ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 SOLTMAN AVENUE** **FORT PIERCE, FL 34950**	

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

0000 - Initial Comments

An unannounced licensure Generator Monitoring revisit survey was conducted by desk review on 10/15/2018 and 10/16/2018 for Academy Assisted Living Facility, License #7824. The previously cited deficiency was found corrected at the time of the survey.

(An unannounced Relicensure second revisit survey was conducted in conjunction with the above Generator Monitoring revisit survey. Please see separate report for findings.)