STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964605	**10/31/2018**
NAME OF PROVIDER OR SUPPLIER **HAPPY ACRES ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 ANDERSON DRIVE** **BONIFAY, FL 32425**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018013434 & CCR#2018014097 was conducted at Happy Acres Assisted Living Facility, state license #9130, on 10/31/2018. At the time of the survey, no deficient practice was identified.