

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965381	(X3) DATE SURVEY COMPLETED R 11/08/2018
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 Relicensure revisit survey was conducted on 11/08/2018 at Almost Home At North Springs, Inc., License #9793. The facility corrected all outstanding deficiencies at the time of the survey.