STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**04/12/2018**
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

0000 - Initial Comments

7/30/18 Amended State form to include Initial Limited Mental Health.
****

An initial licensure survey was conducted on April 12, 2018. Isaiah Assisted Living, LLC had no deficiencies at the time of the survey.