STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969457	**11/21/2018**
NAME OF PROVIDER OR SUPPLIER **YOUNG HEARTS EXTENDED ASSISTED LIVING FACILITY, LL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1410 NE 219TH ST** **LAWTEY, FL 32058**	

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

0000 - Initial Comments

On November 21, 2018, an initial licensure in conjunction with Limited Mental Health survey was conducted at Young Hearts Extended Assisted Living Facility LLC in Lawtey, Florida. No deficient practice was identified at the time of the survey.

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