STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969424	**11/21/2018**
NAME OF PROVIDER OR SUPPLIER **A COTTAGE CALLED HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3509 SW 34TH AVENUE CIR** **OCALA, FL 34474**	

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

0000 - Initial Comments

On November 21, 2018, an announced initial licensure survey was conducted at A Cottage Called Home LLC Assisted Living Facility, Ocala, Florida. No deficient practice was identified at the time of the survey.