

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964605	(X3) DATE SURVEY COMPLETED 10/25/2018
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

On October 25, 2018 a monitoring visit was conducted. No deficient practice was identified.