

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965159	(X3) DATE SURVEY COMPLETED R 12/20/2018
NAME OF PROVIDER OR SUPPLIER SABAL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 CROSSVILLE STREET CANTONMENT, FL 32533	

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

0000 - Initial Comments

On 12/20/2018, a desk review revisit was conducted for Sabal House. This was a follow-up to a biennial survey with Limited Nursing Services originally conducted on 11/19/2018. Based on an acceptable plan of correction and supporting documentation, all previously cited deficiencies were found to have been corrected at the time of the desk revisit.