

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932652	(X3) DATE SURVEY COMPLETED R 12/26/2018
NAME OF PROVIDER OR SUPPLIER ACADEMY ASSISTED LIVING FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 SOLTMAN AVENUE FORT PIERCE, FL 34950	

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

0000 - Initial Comments

An unannounced Relicensure third revisit survey was conducted by desk review on 12/26/2018 for Academy Assisted Living Facility, Inc., License #7824. The previously cited deficiency was found corrected at the time of the survey.