STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967957	**12/26/2018**
NAME OF PROVIDER OR SUPPLIER **JOVYIA COMFORT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1709 STATE ROAD 60 W** **PLANT CITY, FL 33567**	

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

0000 - Initial Comments

Assisted Living Facility

An Abbreviated Biennial licensure survey was conducted on 12/26/18.

The Jovyia Comfort Home, Assisted Living Facility /License #11936, had no deficiencies at the time of this visit.