

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968495	(X3) DATE SURVEY COMPLETED 01/03/2019
NAME OF PROVIDER OR SUPPLIER AMERICAN HOUSE OF ZEPHYRHILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 38130 PRETTY POND RD ZEPHYRHILLS, FL 33540	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation (CCR 2018015395) was conducted at American House Zephyrhills on 1/3/19 in conjunction with a second revisit to a complaint (CCR 2018009862). American House Zephyrhills had no deficiencies related to the complaint investigation. (License #12384)		