STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964084	R **01/14/2019**
NAME OF PROVIDER OR SUPPLIER **WHITE HOUSE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1822 NEBRASKA AVENUE** **PALM HARBOR, FL 34683**	

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

0000 - Initial Comments

Assisted Living Facility

A second follow-up visit to a biennial survey was conducted at White House #2 (Lic. #8797) on 1/14/2019. The remaining deficiency was corrected at the time of the visit.