STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965135	R **11/16/2018**
NAME OF PROVIDER OR SUPPLIER **FORSYTH HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5887 BERRYHILL RD** **MILTON, FL 32570**	

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

0000 - Initial Comments

On November 16, 2018, a desk review revisit survey was completed for the licensure complaint survey, CCR# 2018008174 ending August 16, 2018 at Forsyth House Assisted Living Facility. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.