STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966790	R **01/30/2019**
NAME OF PROVIDER OR SUPPLIER **PATTY'S HOUSE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10637 LITHIA PINECREST ROAD** **LITHIA, FL 33547**	

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

0000 - Initial Comments

A revisit to a 12/03/2018 biennial survey was conducted on 1/30/19 at Patty's House Inc. At the time of the survey, the facility had no deficient practice. Lic #10931