STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	R **01/30/2019**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2** **GRACEVILLE, FL 32440**	

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

0000 - Initial Comments

On January 30, 2019, a desk review revisit survey was completed for the complaint survey (CCR# 2018010517 & CCR# 2018013660) conducted at Hill View Assisted Living Facility, license #11636, in Graceville, Florida. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.