STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965627	R **02/27/2019**
NAME OF PROVIDER OR SUPPLIER **SAFE AND SECURE RESPITE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 SKYLINE DRIVE** **CRESTVIEW, FL 32539**	

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

0000 - Initial Comments

On 2/27/19, a desk review revisit licensure survey was completed for Safe and Secure Respite Care. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.