STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969195	C **04/08/2019**
NAME OF PROVIDER OR SUPPLIER **ANNIE'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1201 NW 39TH AVE** **GAINESVILLE, FL 32609**	

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

0000 - Initial Comments

An unannounced biennial licensure and emergency power plan monitoring survey was conducted on , , at Annie's House Assisted Living Facility in Gainesville, FL. No deficient practice was identified during the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969195	C **04/08/2019**
NAME OF PROVIDER OR SUPPLIER **ANNIE'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1201 NW 39TH AVE** **GAINESVILLE, FL 32609**	

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

0000 - Initial Comments

An unannounced biennial licensure and emergency power plan monitoring survey was conducted on , , at Annie's House Assisted Living Facility in Gainesville, FL. No deficient practice was identified during the survey.