STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966891	R **04/15/2019**
NAME OF PROVIDER OR SUPPLIER **FAITH HOUSE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **335 FOSTER COVE** **CHULUOTA, FL 32766**	

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

0000 - Initial Comments

A revisit survey was conducted on 4/15/2019. Faith House ALF, Chuluota LIC#10995 had no deficiencies at the time of the visit.