STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968269	**05/22/2019**
NAME OF PROVIDER OR SUPPLIER **SARAH HOUSE III, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 OLD TOMOKA RD** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

An Emergency Environmental Control Plan monitoring survey was conducted at Sarah House III on 05/22/2019. Deficiencies were not identified at the time of survey.