| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969367** | R<br>**06/11/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**ISAIAH ASSISTED LIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3049 WILEY AVENUE**<br>**MIMS, FL 32754** | |

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

**0000 - Initial Comments**

A revisit survey was conducted on 6/11/2019 at Isaiah Assisted Living, Mims. No deficiencies were found at the time of the visit.