

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968816	(X3) DATE SURVEY COMPLETED R 05/30/2019
NAME OF PROVIDER OR SUPPLIER SARAH HOUSE IV (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 30 FOREST CT ORMOND BEACH, FL 32174	

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

0000 - Initial Comments

A revisit to a biennial survey and a complaint survey (CCR2019003096) was conducted at Sarah House IV on 5/30/19. Deficiencies were found to be corrected at the time of the survey.