STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968283	R **11/14/2017**
NAME OF PROVIDER OR SUPPLIER **PATTY'S HOUSE 4, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2805 JERRY SMITH RD** **DOVER, FL 33527**	

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

0000 - Initial Comments

Assisted Living Facility

On 11/14/17, a desk review to the biennial state re-licensure survey of 9/25/17 was conducted. At the time of the desk review, it was determined that the deficiencies previously cited at Patty's House 4, LLC, Assisted Living Facility, had been corrected.

(License # 12242)