STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968585	R **05/17/2018**
NAME OF PROVIDER OR SUPPLIER **HILLS CREEK INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **308 SOUTH 30TH STREET** **FORT PIERCE, FL 34947**	

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

0000 - Initial Comments

A Relicensure revisit survey was conducted by desk review on 05/17/2018 for Hills Creek Inc. (Formerly: A Better Care LLC), License #125240. The facility corrected all outstanding deficiencies.