STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969022	**06/09/2016**
NAME OF PROVIDER OR SUPPLIER **EXCELLENCE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2250 S SEMORAN BLVD** **ORLANDO, FL 32822**	

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

0000 Initial Comments

An Initial Licensure Survey was conducted at Excellence Assisted Living Facility on 6/9/16. Excellence Assisted Living Facility had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 13, 2016

Administrator
Excellence Assisted Living Facility
2250 S Semoran Blvd
Orlando, FL 32822

RE: Initial licensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 9, 2016 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

DT9D

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