

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953452	(X3) DATE SURVEY COMPLETED R 02/16/2017
NAME OF PROVIDER OR SUPPLIER APOPKA RETIREMENT CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 750 SOUTH ALABAMA AVENUE APOPKA, FL 32703	

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

0000 - Initial Comments

revisit conducted to Limited Nursing Services monitoring visit. There were no deficiencies at the time of the visit.