

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953542	(X3) DATE SURVEY COMPLETED R 02/15/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE LONGWOOD LEASING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 480 EAST CHURCH AVENUE LONGWOOD, FL 32750	

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

0000 - Initial Comments

2/14-15/17 revisit to complaint #201501258 completed. Cornerstone Longwood Leasing LLC had no deficiencies pertaining to this complaint at the time of the survey.