

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967056	(X3) DATE SURVEY COMPLETED R 02/22/2017
NAME OF PROVIDER OR SUPPLIER KARE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 UINTAH AVENUE ORLANDO, FL 32805	

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

0000 - Initial Comments

2/22/17 desk review to complaint #2016012711 was completed. There were no deficiencies at the time of the survey review.