STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966837	R **02/27/2017**
NAME OF PROVIDER OR SUPPLIER **AASBURY MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5302 SATEL DR** **ORLANDO, FL 32810**	

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

0000 - Initial Comments

A follow-up to a biennial relicensure survey with Limited Nursing Services (LNS) and Limited Mental Health (LMH) was conducted at Aasbury Manor (license #10956) on 02/27/2017. No deficient practice was identified at the time of the visit.