STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966350	R **03/01/2017**
NAME OF PROVIDER OR SUPPLIER **DR PHILLIPS ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5412 PALM LAKE CIRCLE** **ORLANDO, FL 32819**	

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

0000 - Initial Comments

A second revisit to a relicensure survey with Limited Nursing Services was conducted on 03/01/2017 at Dr. Phillips Assisted Living Facility, Inc (license #10574). No deficient practice was identified at the time of the survey.