

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953542	(X3) DATE SURVEY COMPLETED R 10/26/2016
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 3/1/17-AMENDED TO DELETE TAG A25. ***** Revisit to Complaint Investigation #2016003915 was conducted on 10/13/16 and 10/26/16. Cornerstone Longwood Leasing, LLC, License #5315, had one uncorrected deficiency found at the time of the visit.		

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ADMINISTRATION**

PRINTED: 03/14/2017
FORM APPROVED

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