

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968376	(X3) DATE SURVEY COMPLETED R 02/15/2017
NAME OF PROVIDER OR SUPPLIER CARMITAS ASSISTING LIVING FACILITY III, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 939 PARK MANOR DR ORLANDO, FL 32825	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 2/15/17 desk review completed to re-licensure survey. There were no deficiencies at the time of the survey review.		