

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/24/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953542	(X3) DATE SURVEY COMPLETED 03/10/2017
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

Complaint Investigation #2016013352 was conducted on 02/14 thru 2/17, 3/8, 3/10/17.
Cornerstone at Longwood license #5315 had no deficiencies at the time of the visit.