

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966911	(X3) DATE SURVEY COMPLETED R 03/16/2017
NAME OF PROVIDER OR SUPPLIER SMALLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 10144 BROWNWOOD AVENUE ORLANDO, FL 32825	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the re-licensure survey was conducted on 03/16/17. Smallville Assisted Living (license #10997) had no deficiencies at the time of the visit.		