STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969160	**04/06/2017**
NAME OF PROVIDER OR SUPPLIER **PRECIOUS MOMENTS FAMILY LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4300 ANTHONY LN** **ORLANDO, FL 32822**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 4/6/2017. Precious Moments Family Living Inc. with Limited Mental Health (LMH) had no deficiencies at the time of the visit.