

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967919	(X3) DATE SURVEY COMPLETED R 04/11/2017
NAME OF PROVIDER OR SUPPLIER AMBITIOUS QUALITY-CARE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3939 COUNTRY PL WINTER HAVEN, FL 33880	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 04/11/17. The deficiencies previously identified during the re-licensure survey were corrected during the review. (License # 11988)		