

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963788	(X3) DATE SURVEY COMPLETED R 04/11/2017
NAME OF PROVIDER OR SUPPLIER PANORAMA LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1030 BALMY BEACH DRIVE APOPKA, FL 32703	

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

0000 - Initial Comments

A revisit a complaint investigation (#2016012591) was conducted on April 11, 2017. Panorama Living, license #8705, had no deficiencies at the time of the visit.