

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943128	(X3) DATE SURVEY COMPLETED R-C 04/06/2017
NAME OF PROVIDER OR SUPPLIER ST MARY'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 718 W. WINTER PARK STREET ORLANDO, FL 32804	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 4/6/17 desk review to complaint #2016014515 completed. St. Mary's Home had no deficiencies at the time of the review.		