STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967636	R **04/17/2017**
NAME OF PROVIDER OR SUPPLIER **SMALLVILLE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **10631 JANE EYRE DRIVE** **ORLANDO, FL 32825**	

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

0000 - Initial Comments

4/17/17 desk review completed to relicensure survey. Smallville II, license #11623, had no deficiencies at the time of the review.