

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969022	(X3) DATE SURVEY COMPLETED R 04/21/2017
NAME OF PROVIDER OR SUPPLIER EXCELLENCE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2250 S SEMORAN BLVD ORLANDO, FL 32822	

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

0000 - Initial Comments

4/21/17 desk review completed to complaint #2017000161. Excellence Assisted Living Facility had no deficiencies at the time of the review.