

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967903	(X3) DATE SURVEY COMPLETED R 04/26/2017
NAME OF PROVIDER OR SUPPLIER ALL SENIORS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2706 PIONEER ROAD ORLANDO, FL 32808	

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

0000 - Initial Comments

4/26/17 desk review completed to Limited Nursing Services Monitoring survey. There were no deficiencies at the time of this survey review.