

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964655	(X3) DATE SURVEY COMPLETED R 06/08/2017
NAME OF PROVIDER OR SUPPLIER FREMONT MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 909 FREMONT AVENUE WINTER PARK, FL 32789	

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

0000 - Initial Comments

A revisit to the complaint investigation survey (#2017002641) was conducted on 06/08/2017. Fremont Manor, License#9198 had no deficiencies at the time of the visit.