STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966600	R **06/22/2017**
NAME OF PROVIDER OR SUPPLIER **TRANSFORMATION ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1963 CONTINENTAL BLVD** **ORLANDO, FL 32808**	

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

0000 - Initial Comments

6/22/17 desk review to Limited Nursing Services Monitoring conducted. There were no deficiencies at the time of the review.