STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922275	**06/30/2017**
NAME OF PROVIDER OR SUPPLIER **KIVA OF MOUNT DORA**	STREET ADDRESS, CITY, STATE, ZIP CODE **505 E. 9TH AVENUE** **MOUNT DORA, FL 32757**	

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

0000 - Initial Comments

An unannounced LNS(Limited Nursing Services) was conducted on 06/30/17, Kiva Of Mount Dora , Assisted Living Facility had no deficiencies at the time of this survey. License number is 7959.

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