

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911325	(X3) DATE SURVEY COMPLETED R 06/28/2017
NAME OF PROVIDER OR SUPPLIER HPLS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST KALEY AVENUE ORLANDO, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the Relicensure with LNS survey was conducted on 6/28/17. HPLS Assisted Living Inc. with Limited Nursing Services (LNS), License #5886, did not have any deficiencies at the time of the visit.		