

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963788	(X3) DATE SURVEY COMPLETED R 07/18/2017
NAME OF PROVIDER OR SUPPLIER PANORAMA LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1030 BALMY BEACH DRIVE APOPKA, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 7/18/17 desk review completed to Extended Congregate Care (ECC) monitoring. Panorama Living, license #8705, had no deficiencies at the time of the review.		