

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/25/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910252	(X3) DATE SURVEY COMPLETED 07/06/2017
NAME OF PROVIDER OR SUPPLIER INN AT FREEDOM SQUARE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 10801 JOHNSON BLVD. SEMINOLE, FL 33772	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR#2017004065) was conducted at Inn At Freedom Square, The on 7/6/17. Inn At Freedom Sqare, They had no deficiencies at the time of the investigation. License (#4759)		