

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966934	(X3) DATE SURVEY COMPLETED R 07/26/2017
NAME OF PROVIDER OR SUPPLIER WHITE FLOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 ARDENLEIGH DRIVE ORLANDO, FL 32828	

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

0000 - Initial Comments

A second revisit to the re-licensure survey was conducted on 07/26/2017. White Flowers Assisted Living had no deficiencies at the time of the visit.