STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968137	R **10/09/2017**
NAME OF PROVIDER OR SUPPLIER **ANA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 OAXACA LANE** **KISSIMMEE, FL 34743**	

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

0000 - Initial Comments

A revisit to a re-licensure survey was conducted on 10/10/17. Ana Assisted Living Facility, license #12066, had no deficiencies at the time of the visit.