

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963788	(X3) DATE SURVEY COMPLETED 10/04/2017
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

A monitoring visit for Extended Congregate Care (ECC) was conducted on 10/04/17. Panorama Living license # 8705 had no deficiencies found at the time of the visit.