

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910252	(X3) DATE SURVEY COMPLETED 10/10/2017
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# 2017007897), was conducted at Inn at Freedom Square, The on 10/10/17. Inn at Freedom Square, The had no deficiencies at the time of the investigation. (License # 4759)		