

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965786	(X3) DATE SURVEY COMPLETED R 10/24/2017
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5080 WAYSIDE DRIVE SANFORD, FL 32771	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Services (LNS) was conducted on October 24, 2017. Four Seasons Assisted Living Facility, license #10150, had no deficiencies at the time of the revisit.