

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967056	(X3) DATE SURVEY COMPLETED R 11/09/2017
NAME OF PROVIDER OR SUPPLIER KARE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 UINTAH AVENUE ORLANDO, FL 32805	

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

0000 - Initial Comments

A revisit to complaint investigation #2017005855 was conducted on 11/09/2017. Kare Assisted Living, LLC, license #11143, had no deficiencies at the time of the visit.