

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911279	(X3) DATE SURVEY COMPLETED R 12/18/2017
NAME OF PROVIDER OR SUPPLIER GREEN TREE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 FOREST CITY ROAD ORLANDO, FL 32810	

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

0000 - Initial Comments

12/18/17 desk review conducted to Relicensure survey with Limited Mental Health and Limited Nursing Services. Green Tree Assisted Living, LLC, license #5578 had no deficiencies at the time of the review.