

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966600	(X3) DATE SURVEY COMPLETED R 12/05/2017
NAME OF PROVIDER OR SUPPLIER TRANSFORMATION ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1963 CONTINENTAL BLVD ORLANDO, FL 32808	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the re-licensure survey was conducted on 12/05/2017. Transformation Assisted Living, License#10774, did not have deficiencies at the time of the visit.		