

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967689	(X3) DATE SURVEY COMPLETED R 12/19/2017
NAME OF PROVIDER OR SUPPLIER GENTLE SHEPHERD ASSISTED LIVING FACILITY (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 WEST OAK STREET KISSIMMEE, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A second revisit to the re-licensure survey was conducted on 12/19/2017. Gentle Shepherd Assisted Living Facility, License#11674, did not have deficiencies at the time of the visit.