

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967752	(X3) DATE SURVEY COMPLETED 12/28/2017
NAME OF PROVIDER OR SUPPLIER CARMITA'S HOME HEALTH II	STREET ADDRESS, CITY, STATE, ZIP CODE 8021 KILLIAN DRIVE ORLANDO, FL 32822	

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

0000 - Initial Comments

A re-licensure survey was conducted on 12/28/2017. Carmita's Home Health II, Inc. Assisted Living (License #11735) had no deficiencies at the time of the visit.