

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943128	(X3) DATE SURVEY COMPLETED R 01/04/2018
NAME OF PROVIDER OR SUPPLIER ST MARY'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 718 W. WINTER PARK STREET ORLANDO, FL 32804	

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

0000 - Initial Comments

A second revisit to the complaint investigation # 2017008650 was conducted on 01/04/2018. St. Mary's Home, License#4860, did not have deficiencies at the time of the visit.