STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964655	R **02/15/2018**
NAME OF PROVIDER OR SUPPLIER **FREMONT MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **909 FREMONT AVENUE** **WINTER PARK, FL 32789**	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Mental Health was conducted on 02/15/2018. Fremont Manor, license #9198, had no deficiencies at the time of the visit.