

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED R 02/12/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOE, FL 34761	

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

0000 - Initial Comments

A Revisit to a Monitoring visit was conducted on 2/12/2018. Inspired Living (License #12906) had no deficiencies at the time of the visit.