

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968537	(X3) DATE SURVEY COMPLETED R 02/26/2018
NAME OF PROVIDER OR SUPPLIER ELITE MANOR-KISSIMMEE	STREET ADDRESS, CITY, STATE, ZIP CODE 4034 SUNNY DAY WAY KISSIMMEE, FL 34744	

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

0000 - Initial Comments

A revisit to Complaint Investigation #2017011396 was conducted on February 26, 2018. Elite Manor-Kissimmee, license #12424, had no deficiencies at the time of the revisit.